

Letter from treating (home) physician to travel (remote) physician/health care provider for IVIG administration outside of Ontario

[insert address or letterhead if desired]

Date:

Dear Health Care Provider:

Re: Patient's name, DOB, etc.

This patient has a medical condition requiring regular IV infusions of immunoglobulins (IG) which are manufactured from human blood. He/she will be outside of Ontario for an extended period of time and requires medical assistance in accessing this necessary medical treatment.

To maintain sufficient levels of immunoglobulins, this patient requires ___g of IVIG to be infused every ___ weeks. The patient will be given a sufficient supply of this product for ___ weeks and he/she will maintain it at a controlled temperature. Coordination and assistance will be required in infusing this product either in his/her home environment or in a medical facility or clinic. Ancillary supplies will be needed for each infusion.

This patient will need to be monitored for any adverse events from these infusions and will require an emergency contact (e.g. the local emergency department of a hospital) in the event of any severe reactions.

Please feel free to contact me at _____ with any questions. Thank you for your assistance in caring for this patient.

Sincerely,