

Upcoming Appointments

Date and Time _____

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IVIg Infusion Patient Logbook



Photo Supplied by Medical Media Services SHA

Immune
Globulin Stewardship Program



saskhealthauthority.ca

IVIG Infusion Patient Logbook

NOTICE OF CONFIDENTIALITY:

The information contained was created by or intended for the use of the identified individual listed on the next page of this booklet and is considered confidential by law. The individual is the owner of their data, and if you are not the individual, any use, disclosure, copying or communication of the contents is strictly prohibited.

If found: Please call the booklet's owner at

Treatment Date: _____

Product Name: _____

Dose Infused: _____

Pre-medications: _____

Length of Infusion time: _____

Any site reactions or side effects: _____

Medications/actions taken to treat side effects: _____

Additional bloodwork or tests: _____

Follow up appointment (date/location/time): _____

Notes/questions I want to ask at my next appointment: _____

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This IVIG Infusion Patient Logbook belongs to:

Name: _____

Address: _____

Phone: _____

Doctor (name and phone #): _____

Current Medications: _____

Emergency Contact:

Name: _____

Phone: _____

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