

PATIENT INFORMATION

PATIENT NAME: _____ PHONE #: _____
 ADDRESS: _____ CITY, STATE, ZIP: _____
 DATE OF BIRTH: _____ EMAIL: _____
 ALLERGIES: SEE LIST NKDA WEIGHT: LB OR KG

REQUIRED DOCUMENTATION

1. Insurance Card 2. History & Physical 3. Patient Demographics 4. Most Recent Labs 5. Medication List 6. Tried/Failed Therapies

For Xolair: Positive skin test or in vitro reactivity to a perennial aeroallergen? Yes No Date of test _____
 For renewal requests: What is the patient's most recent Eosinophil count _____ Date of test _____
 Did the patient experience measurable improvement in disease activity and/or severity? Yes No (provide documentation)

PRIMARY DIAGNOSIS

- J45.40 Moderate persistent asthma, uncomplicated J45.50 Severe persistent asthma, uncomplicated
 J45.51 Severe persistent asthma with (acute) exacerbation J45.901 Unspecified asthma with (acute) exacerbation
 J45.901 Unspecified asthma with (acute) exacerbation J82.83 Eosinophilic asthma
 Other _____

LABS ORDERS: PLEASE INCLUDE FREQUENCY

Please list any labs to be drawn by the infusion clinic: _____

PRE-MEDICATIONS

Per infusion clinic protocol: No recommended standard pre-meds
 Provider Prescribed: _____

PRIMARY MEDICATION ORDER

- Xolair _____mg SubQ Injection every 2 weeks Xolair _____mg SubQ Injection every 4 weeks
 Tezspire 210mg SubQ Injection every 4 weeks Fasentra 30mg SubQ Injection at week 0, 4, 8, and every 8 weeks thereafter
 Nucala 100mg SubQ Injection every 4 weeks Cinqair 3mg/kg (_____mg) IV every 4 weeks
 Other _____ FIRST DOSE?: Yes No Refill x12 months unless otherwise noted.

ADVERSE REACTION & ANAPHYLAXIS ORDERS

Administer acute infusion and anaphylaxis medications per Real Medix - Real Infusions protocol (See realinfusions.com for detailed policy)
 Other: (Please send other reaction orders if checking this box)

PRESCRIBER INFORMATION

PROVIDER NAME: _____ PHONE: _____
 OFFICE CONTACT: _____ FAX: _____
 ADDRESS: _____ EMAIL: _____
 CITY, STATE, ZIP: _____ NPI AND LICENSE: _____

X

PROVIDER SIGNATURE _____ DATE _____