

Order Form

Patient Name	
DOB	
Address	
Phone	

Order Status	<input type="checkbox"/> New Order	<input type="checkbox"/> Renewal	<input type="checkbox"/> Dose or Frequency Change
Allergies:			Weight: Height:
Diagnosis	<input type="checkbox"/> Asthma, moderate to severe allergic <input type="checkbox"/> Chronic spontaneous urticaria <input type="checkbox"/> Nasal polyps <input type="checkbox"/> Other:		Diagnosis Code:
Required Information	CBC, CMP (please include lab result documents)		Date:
Labs	<input type="checkbox"/> CBC, CMP every:	<input type="checkbox"/> Other:	

Required Documentation

- Asthma: Pre treatment IgE level greater or equal to 30 IU/mL.
- Nasal Polyps: Bilateral nasal endoscopy, anterior rhinoscopy or CT or Meizter clinical score of 2 or higher in each nostril or NPS of at least 5 with a minimum score of 2 for each nostril.
- Continuation for Asthma: Asthma control improvement on Xolair. Reduction in the frequency/severity of symptoms, exacerbations or, reduction in daily maintenance oral corticosteroid; and continued use of asthma treatment in combination with Xolair and; not be used concomitantly with other biologics indicated for asthma.

Pre-Medications

- | | | | | |
|--|--------------------------|-----------------------------|--|------------------------------|
| <input type="checkbox"/> Diphenhydramine | <input type="radio"/> PO | <input type="radio"/> 25 mg | <input type="checkbox"/> Acetaminophen | <input type="radio"/> 325 mg |
| | <input type="radio"/> IV | <input type="radio"/> 50 mg | | <input type="radio"/> 650 mg |
| <input type="checkbox"/> Other: | | | | |

Medication Order

- Xolair 150 mg SQ once every _____ weeks
- Xolair 300 mg SQ once every _____ weeks
- Xolair 375 mg SQ once every _____ weeks
- Other:

Infusion Reaction Medications

Hypersensitivity Reaction Protocol will be utilized unless otherwise specified

Provider (print name):	Date:
Provider Signature:	NPI:
Office Phone:	Office Fax:

OUTPATIENT INFUSION CENTERS

Select an Infusion Center below (check box):

- Glendale Infusion Clinic
6220 W Bell Road, Glendale AZ 85308
- Osborn NSI Infusion Clinic
7242 E Osborn Road Ste 340, Scottsdale AZ 85251
- Pima Infusion Clinic
8405 N Pima Center Parkway Ste 201, Scottsdale AZ 85258

How to Refer:

- Fax the medication order form along with the selected infusion center form and all necessary documentation to central scheduling and call to set up patient information.
 - Central Scheduling Phone: (623) 434-6138
 - Central Scheduling Fax: (602) 331-5765