

Los Angeles, CA
2080 Century Park East
Suite 710
Los Angeles, CA 90067

(omalizumab)

Date: _____

XOLAIR infusion orders

Patient Name _____ DOB _____

Phone _____

M ☐ F ☐

REFERRAL STATUS

☐ Allergies: _____

- ☐ New Referral ☐ Medication/Order Change ☐ Discontinuation Order
☐ Referral Renewal ☐ Benefits Verification Only

DIAGNOSIS Please provide ICD-10 code

- ☐ _____ Allergic Asthma ☐ _____ (other)
☐ _____ Chronic Idiopathic Urticaria

PRE-MEDICATION

- ☐ Tylenol 1000mg PO ☐ Solu-Medrol 125mg IVP
☐ Diphenhydramine 25mg PO ☐ Solu-Cortef 100mg IVP
☐ Cetirizine 10mg PO ☐ Diphenhydramine 25mg IVP
☐ _____ (other) ☐ _____ (other)

SIMPONI ARIA ORDERS

DOSAGE

- ☐ 150mg /sq ☐ 225mg/sq ☐ 300mg/sq ☐ 375mg/sq
☐ other

PATIENT WEIGHT

_____ lbs.
_____ kg

FREQUENCY

- ☐ every 2 weeks ☐ every 4 weeks ☐ other _____

ALLERGIC ASTHMA HISTORY:

- ☐ Positive RAST or SkinTest Test Date: _____ Other _____
☐ Pre-treatment Serum IgE: Lab Date: _____

TOTAL DOSES: ☐ 1 yr _____ ☐ Other _____ ☐ Refill _____

NOTES
