Chicago Illinois
4711 Golf Road
Suite 900
Skokie, IL 60076

ThrIVewell INFUSION
Office: 212-803-3339 Fax : 646-768-8600

REJUVEINATE

(omalizumab)

XOLAIR infusion orders

Date: _____

Patient Name _____ DOB _____

Phone _____ M ○ F ○

○ Allergies:_____

REFERRAL STATUS

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

DIAGNOSIS *Please provide ICD-10 code*

☐ _____ Allergic Asthma
☐ _____ Chronic Idiopathic Urticaria
☐ _____ _____ *(other*

PRE-MEDICATION

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

_____