

Borough Park
1428 36th Street
Suite 107
Brooklyn, NY 11218

Crown Heights
555 Lefferts Avenue
Brooklyn, NY 11225

Manhattan
57W 57Street
Suite 601
New York, NY 10019

Manhasset
333 East Shore Road
Suite 201
Manhasset, NY 11030

Rockville Centre
165 North Village Avenue
Suite 133
Rockville Center, NY 11570

Elmsford/Tarrytown
555 Taxter Road
3rd Floor
Elmsford, NY 10523



Manhattan
225 E 70th Street
Suite 1E
New York, NY 10021

Queens
64-05 Yellowstone Blvd
CF104
Forest Hills, NY 11375

Manhattan
225 East 70th Street
New York, NY 10021

Holbrook/Ronkoma
233 Union Ave
Suite 207
Holbrook, NY 11741

Scarsdale
495 Central Park Avenue
Suite 205
Scarsdale, NY 10583

5 Towns
141 Washington Avenue
Cedarhurst, NY 11559

Long Beach
917 Beech Street
Long Beach, NY 11561

Riverhead
1228 E Main Street
Suite A
Riverhead, NY 11901

(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
- Diphenhydramine 25mg PO
- Cetirizine 10mg PO
- _____ (other)

- Solu-Medrol 125mg IVP
- Solu-Cortef 100mg IVP
- Diphenhydramine 25mg IVP
- _____ (other)

SIMPONI ARIA ORDERS

<p>DOSAGE</p> <p><input type="radio"/> 150mg /sq <input type="radio"/> 225mg/sq <input type="radio"/> 300mg/sq <input type="radio"/> 375mg/sq</p> <p><input type="radio"/> other _____</p> <p>FREQUENCY</p> <p><input type="radio"/> every 2 weeks <input type="radio"/> every 4 weeks <input type="radio"/> other _____</p> <p>ALLERGIC ASTHMA HISTORY:</p> <p><input type="checkbox"/> Positive RAST or SkinTest Test Date: _____ Other _____</p> <p><input type="checkbox"/> Pre-treatment Serum IgE: Lab Date: _____</p> <p>TOTAL DOSES: <input type="radio"/> 1 yr _____ <input type="radio"/> Other _____ <input type="radio"/> Refill _____</p>	<p>PATIENT WEIGHT</p> <p>_____ lbs.</p> <p>_____ kg</p>
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