CIVIC INFUSION

249 Danbury Rd, Wilton, CT 06897
400 Columbus Ave, Valhalla, NY 10595
127 Washington Ave, N. Haven, CT 06473
220 Farmington Ave, Farmington, CT 06032
Ph: 203-883-0038 Fax: 203-724-4838

(reslizumab)

# CINQAIR infusion orders

Patient Name _____ DOB _____

Phone _____ M ○ F ○

## DIAGNOSIS *Please provide ICD-10 code*

☐ _____ Severe Allergic Asthma with Eosiniphilic Phenotype

☐ _____ _____
*(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)*

## CINQAIR ORDERS

**DOSAGE**

◉ 3mg/kg IV every 4 weeks

**PATIENT WEIGHT**

_____ lbs.

_____ kg

**HEIGHT** _____ ft _____ in

## NOTES

## ORDERING PROVIDER

Signature **X** _____ Date _____

Provider _____ Phone _____ Fax _____