FAX: 203-724-4838

249 Danbury Road, Wilton, CT 06897

400 Columbus Ave, Valhalla, NY 10595

(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