

# Fasenra

(benralizumab)

## Injection Order



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

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ M  F

Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

ICD- 10: \_\_\_\_\_

### Please fax a copy of the following patient information:

Demographics     Recent Progress Note     CBC from within 1 year     IgE Level for Asthma Diagnosis

### PRE- MEDICATION

Acetaminophen 1000mg PO

Solu- Medrol 125mg IVP

Diphenhydramine 25mg PO

Solu- Cortef 100mg IVP

Cetirizine 10mg PO

Diphenhydramine 25mg IVP

No Pre-med

Other: \_\_\_\_\_

### FASENRA ORDER

#### DOSAGE

30mg SQ at weeks 0, 4, and 8 (*induction*)

Patient Weight: \_\_\_\_\_ lbs \_\_\_\_\_ kg

30mg SQ every 8 weeks (*maintenance dose*)

Height: \_\_\_\_\_ ft \_\_\_\_\_ in

### NOTES:

Provider's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

NPI: \_\_\_\_\_ Date: \_\_\_\_\_ Ph: \_\_\_\_\_ Fax: \_\_\_\_\_