

Infusion Specialist

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PATIENT INFORMATION

Date:	Patient Name:	Last 4 SSN	DOB:
Address:	City:	ST:	Zip:
Primary Phone:	Work Phone:		
Gender: M F	Weight lbs/kg:	Height:	Allergies:
Primary Insurance:		Secondary Insurance:	
Member#:	Group#:	Member#:	Group#:

Diagnosis: _____

Documentation needed: Insurance cards Most recent clinical including H&P Labs Diagnostic testing results

Medication	Order
Cinquair - IV	<input type="checkbox"/> 3 mg/kg every 4 weeks
Dupixent - Subcutaneous	<input type="checkbox"/> Initial: 400 mg 600 mg then maintenance Maintenance: <input type="checkbox"/> 200 mg <input type="checkbox"/> 300 mg Freq: <input type="checkbox"/> every week <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Every 4 weeks
Fasenra - Subcutaneous	<input type="checkbox"/> Initial: 30 mg sub-Q every 4 weeks x 3 doses, then maintenance <input type="checkbox"/> Maintenance: 30 mg sub-Q every 8 weeks
Nucala - Subcutaneous	<input type="checkbox"/> 100 mg sub-Q every 4 weeks
Xolair - Subcutaneous	<input type="checkbox"/> 75 mg Freq: <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> 150 mg <input type="checkbox"/> Every 4 weeks <input type="checkbox"/> 225 mg <input type="checkbox"/> 300 mg <input type="checkbox"/> 375 mg

Nursing

- Establish and/or maintain access device as needed for dose administration
- Administer by ordered route
- Obtain vital signs prior to, throughout as directed and at completion of infusion
- If reaction occurs follow procedure reaction management

PROVIDER INFORMATION

By signing I certify that the use of the indicated treatment is medically necessary and I will be supervising the patient's treatment. Axiva Health Solutions, Inc., has my permission to contact the patient's health plan to obtain authorizations necessary to enable it to receive payment for services.

Physician Name:	NPI:	DEA:	License:
Address:	City:	ST:	Zip:
Phone:	Fax:	Office Contact:	

Physician Signature Required – Substitution Permitted Date ◆ _____
Physician Signature Required – Dispense as Written Date