



XOLAIR (OMALIZUMAB) INJECTION ORDERS

PATIENT INFORMATION

Demographics attached

Patient Name: _____ DOB: _____ Phone: _____

INSURANCE INFORMATION: PLEASE ATTACH COPY OF PRESCRIPTION/MEDICAL CARD(S), FRONT AND BACK

MEDICAL INFORMATION

J Code: J2357 Diagnosis: Allergic Asthma ICD-10 Code: _____

Chronic Idiopathic Urticaria ICD-10 Code: _____

Patient Weight: _____ lbs.

Allergies: _____

Clinical/Progress Notes, Labs, Tests supporting primary diagnosis attached

Labs: Required labs to be drawn by: Infusion Clinic Referring Physician

Lab Orders: _____

XOLAIR ORDERS

Xolair Dose: 150mg 225mg 300mg 375mg

Frequency: Subcutaneously Every: 2 weeks or 4 weeks

History for Allergic Asthma: Positive Skin or RAST Test: Yes No

Test Date: _____

Pre-Treatment IgE Serum: _____ IU/ml Test Date: _____

**Date of last Xolair Injection: _____

Note: Patient must have an EpiPen in their possession on their appointment date.

Additional Orders/Comments:

PHYSICIAN INFORMATION

By signing this form and utilizing our services, you are authorizing Paragon Healthcare, Inc. and its employees to serve as your prior authorization and specialty pharmacy designated agent in dealing with medical and prescription insurance companies.

Physician Signature: _____ Date: _____

Physician Name: _____

Phone: _____ Fax: _____ Contact Person: _____

INFUSION CENTER LOCATION

- | | | | | | | | | | |
|------------------------------------|---------------------------------|---------------------------------|----------------------------------|------------------------------------|--------------------------------------|--------------------------------|-------------------------------------|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Arlington | <input type="checkbox"/> Austin | <input type="checkbox"/> Dallas | <input type="checkbox"/> Houston | <input type="checkbox"/> Knoxville | <input type="checkbox"/> North Hills | <input type="checkbox"/> Plano | <input type="checkbox"/> Round Rock | <input type="checkbox"/> San Antonio | <input type="checkbox"/> Stone Oak |
| P: 817.200.2530 | P: 512.261.4800 | P: 972.408.2777 | P: 713.860.1755 | P: 865-299-7525 | P: 817.284.2700 | P: 469-974-0565 | P: 737-443-5230 | P: 210.366.4358 | P: 210.485.3700 |
| F: 817.509.0011 | F: 512.261.4803 | F: 469.913.6894 | F: 713.277.7219 | F: 865-338-5604 | F: 817.284.2701 | F: 469-608-2072 | F: 737-402-7698 | F: 210.366.4896 | F: 210.390.1738 |

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