



Outpatient Infusion Center
Fasenra Order

Please fax form to: 580-585-5472

Patient Information

Patient Name: DOB: Phone: Gender: M F
Patient Address: Email: Insurance:

Additional Information Needed

Checkboxes for Fax front/back of insurance card, Fax clinical/progress notes, Fax labs, Fax patient demographics, Fax current medication list, Fax TB and Hep B results

Diagnosis and Clinical Information

Diagnosis (ICD-10):

Checkboxes for J45.5 Severe Persistent Asthma, J45.50 Severe Persistent Asthma, uncomplicated, J45.51 Severe Persistent Asthma with Acute Exacerbation, K45.52 Severe Persistent Asthma with Status Asthmaticus, Other: DX:

Clinical Information:

Checkboxes for New Therapy Induction, Therapy Change, Therapy Continuation, Patient Weight, Patient Height, Allergies, Therapies Tried and Failed, TB Test, Hep B Test, Skin test, RAST test, IgE serum

Lab Orders

Checkboxes for CBC w/o diff, CMP, ESR, CRP, Total IgE, Other:

Lab Orders to be done by

Checkboxes for Infusion Services, Referring Provider

Prescription Information

Checkboxes for Fasenra, Initial Dose: 30mg/mL, Maintenance Dose: 30mg/mL

Misc Orders

Checkboxes for PICC/Midline/CAD dressing, Flashes (10mL NS Flush Syringe PRN, Heparin 500units/5mL Flush Syringe PRN, 50ml NS Bag PRN, 250ml NS Bag PRN)

Standing Orders for Adverse Reaction

Checkboxes for Stop infusion and initiate NS bolus, Notify Supervising physician, Solu-Cortef 100mg SIVP, Benadryl 25 mg SIVP, Epi 1:1000 1mL IM, IV or SQ, Oxygen 2-5L nasal cannula, Albuterol 2.5mg inhaled PRN

Prescriber Information

Physician Name, Contact #, Address, NPI#, DEA#, Official Contact Name, Fax Number, City/State/Zip, State License #

Physician's Signature, Date, Time

