



6415 Fort Apache Road, Suite #175
Las Vegas, NV 89148
Phone: 702-665-5730
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CINQAIR (reslizumab) infusion orders

Patient Name: _____ Date of Birth: _____
Address: _____ Phone Number: _____
Gender: _____ Height: _____ Weight: _____ (lb/kg)

Diagnosis

- _____ Severe Allergic Asthma w/ Eosinophilic Phenotype
- _____
- _____
- _____

Pre-Medication

- Tylenol 1000mg PO
- Cetirizine 10mg PO
- Diphenhydramine 25mg PO
- Solu-Medrol 125 IVP
- Solu-Cortef 100mg IVP
- Diphenhydramine 25mg IVP
- _____
- _____

Orders

3mg/kg every 4 weeks _____ Refills

Notes

Ordering Provider

Signature: _____ Date: _____
Provider: _____ Phone: _____ Fax: _____
Address: _____

NPI: _____ DEA: _____