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(reslizumab)

CINQAIR infusion orders

Patient Name

DOB

Phone

M

F

DIAGNOSIS Please provide ICD-10 code

Severe Allergic Asthma with Eosinophilic Phenotype

(other)

PRE-MEDICATION

Tylenol 1000mg PO

Diphenhydramine 25mg PO

Cetirizine 10mg PO

Solu-Medrol 125mg IVP

Solu-Cortef 100mg IVP

Diphenhydramine 25mg IVP

(other)

(other)

CINQAIR ORDERS

DOSAGE	PATIENT WEIGHT
3mg/kg IV every 4 weeks	lbs.
	kg

NOTES

ORDERING PROVIDER

Signature X _____ Date

Provider

Phone

Fax