Clearwater: Phone: 727.977.9717 I Fax: 727.977.9717
Tampa: Phone: 813.775.9997 I Fax: 813.775.9997
Email: intake@sageinfusion.com I Online: www.sageinfusion.com

(reslizumab)

CINQAIR infusion orders

Patient Name ________________________________ DOB __________

Phone _____________________________ M ○ F ○

DIAGNOSIS *Please provide ICD-10 code*

☐ ________ Severe Allergic Asthma with Eosiniphilic Phenotype

☐ ________ ____________________________________ *(other)*

PRE-MEDICATION

☐ Tylenol 1000mg PO

☐ Diphenhydramine 25mg PO

☐ Cetirizine 10mg PO

☐ ________________________ *(other)*

☐ Solu-Medrol 125mg IVP

☐ Solu-Cortef 100mg IVP

☐ Diphenhydramine 25mg IVP

☐ ________________________ *(other)*

CINQAIR ORDERS

DOSAGE

◉ 3mg/kg IV every 4 weeks

PATIENT WEIGHT

_______lbs.

_______kg

NOTES

____

ORDERING PROVIDER

Signature X ________________________________ Date ____________