Edward-Elmhurst HEALTH | Healthy Driven

Edward-Elmhurst Cancer Centers
120 Spalding Drive; Suite 111; Naperville, IL 60540
Phone: 630/646-2273 Fax: 630/548-6617

24600 W. 127th Street; Plainfield, IL 60585
Phone: 630/646-2273 Fax: 630/548-6617

177 E. Brush Hill Road; Elmhurst, IL 60126
Phone: 630/646-2273 Fax: 331/221-3887

Xolair Injection Orders

Patient Name: _____ DOB: _____

Please include current history and physical and any recent labs/tests, if applicable

PLEASE ATTACH COPY OF INSURANCE CARD WITH THIS ORDER

Pre-Authorization # or Call Reference #: _____

(Ordering Physician Office is Responsible to Obtain Authorization/Referral)

☐ **Please check box if medication is to be sent from specialty pharmacy**

Contact Name and Phone Number of Insurance Company: _____

If you have any questions regarding pre-authorizations, please contact (630) 527-3788 and ask for the billing department.

***PRIMARY DIAGNOSIS (ICD-10 REQUIRED)**: _____

Dosing (please select one):

☐ **Xolair 150mg** subcutaneous injection

☐ **Xolair 300mg** subcutaneous injection

☐ **Xolair 225mg** subcutaneous injection

☐ **Xolair 375mg** subcutaneous injection

Frequency: _____ Length of Treatment: _____

Observation:

☐ Patient to wait 30 minutes post-injection ☐ Patient to wait 2 hours post-injection

In the event of a hypersensitivity reaction during the infusion of this medication, we will implement the reaction protocol. A designated nurse practitioner will evaluate your patient and your office will receive notification of the event.

In the event that your patient has a central line, it will be used per the Cancer Center protocol, unless otherwise directed.

Physician Signature: _____ **Date:** _____

Ordering Physician NPI: _____

Edward Hospital NPI: 1427069632

Elmhurst Hospital NPI: 1548306343

Physician Name (Please Print)	**Office Phone**	**Fax Number**

Revision/Review Date: 07/01/2021