Prestige Infusions
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Kinnelon NJ 07405
Phone : 973-850-6843
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www.prestigeinfusion.com

Affiliation: Apex HealthRX · METRODRUGS Rx · OAKHILLSPRX SPECIALTY PHARMACY · GoldenHealthCare Specialty Pharmacy

CINQAIR

(reslizumab)

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 _____

Provider _____ Phone _____ Fax _____