



CONSULTANTS INC  
SPECIALIZING IN INFECTIOUS DISEASES

# Ambulatory Infusion Center

Parkway Medical Center  
3609 Park East Drive #207  
Beachwood, OH 44122

216-360-0456 TEL  
216-360-9449 FAX

[www.idconsultants.com/aic](http://www.idconsultants.com/aic)

## INFUSION ORDERS – CINQAIR (RESLIZUMAB)

Date of Referral: \_\_\_\_\_ Infusion Location:  Beachwood  Middleburg Heights  Painesville

### Patient Information

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ WT (kg): \_\_\_\_\_ HT (in): \_\_\_\_\_

Diagnosis: \_\_\_\_\_ ICD10 Code: \_\_\_\_\_

Allergies: \_\_\_\_\_

**PLEASE FAX SUPPORTING CLINICAL DOCUMENTATION, INCLUDING MEDICAL RECORDS/PROGRESS NOTES, LABS,  
and INSURANCE INFORMATION (both front and back of the card) ALONG WITH THIS FORM**

### CINQAIR DOSING

3 mg/kg IV every 4 weeks

Premed Orders: \_\_\_\_\_

Special Needs/Considerations: \_\_\_\_\_

Prescribing Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**LAB REQUIREMENTS and LAB MONITORING ARE THE RESPONSIBILITY OF THE PRESCRIBING PHYSICIANS**