

Edward Cancer Centers

120 Spalding Drive; Suite 111; Naperville, IL 60540
Phone: 630/646-2273 Fax: 630/548-6617
177 E. Brush Hill Road
Elmhurst, IL 60126
Phone: 630/646-2273 Fax: 331/221-3857

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

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

Physician Name (Please Print)
Revision/Review Date: 01/27/2021

Office Phone

Fax Number