

**Edward Cancer Centers**

120 Spalding Drive; Suite 111; Naperville, IL 60540  
Phone: 630/527-3788 Fax: 630/548-6617

24600 West 127<sup>th</sup> Street; Plainfield, IL 60585  
Phone: 630/527-3788 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

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

**Ordering Physician NPI:** \_\_\_\_\_ **Edward Hospital NPI:** 1427069632

\_\_\_\_\_  
**Physician Name (Please Print)**

\_\_\_\_\_  
**Office Phone**

\_\_\_\_\_  
**Fax Number**