vitalcare of HOUSTON
Fountains Infusion Center
7103 S. Peek Road #300 B
Richmond TX 77407
Phone 346-560-7080 FAX 346-560-7081

FASENRA (BENRALIZUMAB) INFUSION ORDERS

****REQUIRED INFORMATION****

☐ This signed order form from the provider
☐ Patient demographics & insurance information
☐ **Clinical/Progress Notes, Labs & Tests** supporting primary diagnosis (ICD-10 below)

Patient Name:	**DOB:**
Allergies:	**Patient Phone:**

Diagnosis:

☐ Severe Asthma with eosinophilic phenotype (ICD-10: _____)
☐ Other:_____

Pt. Weight _____ kg Allergies:_____ (ICD-10: _____)

FASENRA ORDERS

Fasenra ☐ Initial Dose: 30mg subcutaneously every 4 weeks for the first 3 doses followed by once every 8 weeks thereafter
☐ Maintenance Dose: 30mg subcutaneously every 8 weeks

Additional Instructions:

Physician Name:	**Phone:**	**Fax:**
****Physician Signature:**	**Date:**	