



Infusion for Health  
77 Rolling Oaks Drive, Suite 201  
Thousand Oaks, CA 91361  
Phone: 805-719-3700 Fax: 805-852-2636

**CINQAIR IV INFUSION ORDER**  
**(reslizumab)**

***\*\*Please fax a copy of patient's demographics, insurance information, current lab results including H&P relevant to the diagnosis & current medications.***

Date: \_\_\_/\_\_\_/\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Allergies: \_\_\_\_\_ Wt: \_\_\_\_\_ lbs / kg Ht: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ ICD-10: \_\_\_\_\_

**Cinqair (reslizumab)**

3 mg/kg every 4 weeks       Other: \_\_\_\_\_

Total dose: \_\_\_\_\_ mg

Start Date: \_\_\_/\_\_\_/\_\_\_

Blood eosinophil level must be  $\geq 400$  cells/mcL within 6 months of dosing

Monitor patient for 30 minutes post-infusion.

Printed Provider's Name: \_\_\_\_\_ NPI: \_\_\_\_\_

Provider's Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Office phone number: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Office address: \_\_\_\_\_ Contact person: \_\_\_\_\_