

VAIL HEALTH OUTPATIENT ORDERS

322 Beard Creek Rd | Edwards, CO 81632 | Ph: 970.569.7418 | Fax: 970.470.6675

Vail Health includes services of Vail Health Hospital

Omalizumab (Xolair) Order Form

ATTACH DEMOGRAPHICS / COPY OF INSURANCE CARD, RECENT OFFICE VISIT NOTES AND LABS

Patient Name: _____

DOB: _____

Allergies/Adverse Reactions: _____

ICD-10: _____

Diagnosis: _____

Weight (kg): _____

New Start

Continuation of therapy:
(date next treatment due: _____)

Labs (to be drawn at each visit unless specified otherwise):

serum IgE

Other: _____

Treat hypersensitivity reaction per Vail Health
Hypersensitivity Protocol

Medication: Omalizumab SUBQ

Dose (check one):

300 mg

150 mg

450 mg

600 mg

Frequency (check one):

every 4 weeks

every 2 weeks

Refills (check one):

1 year

Other: _____

Observe patient for 2 hours after the first 3 injections
and 30 minutes after subsequent injections

Provider Signature: _____

Date / Time: _____

PRINTED PROVIDER NAME: _____

Circle: MD / PA / NP

Office Name: _____

NPI: _____

Phone #: _____

Fax #: _____ **Address:** _____

PHO