

Patient Demographics

_____ Last Name	_____ First Name	_____ Middle Initial	_____ Social Security Number
_____ Date of Birth	_____ Phone Number	_____ Insurance Provider	_____ ID Number

Provider Information

_____ Referring Provider Name	_____ Phone Number	_____ Practice Contact (Name)
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Clinical Information

_____ Diagnosis	_____ ICD-10 code	Allergies: _____
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Prescriber's Orders: orders expire after 12 months

<input type="checkbox"/>	Alpha-1 Proteinase Inhibitor (GLASSIA, PROLASTIN-C, ARALAST NP, ZEMAIRA) 60mg/kg, Intravenously over 15 minutes, Weekly, for _____ treatments Note: orders for any alpha-1 proteinase inhibitor product will automatically interchange to our preferred product
<input type="checkbox"/>	Benralizumab (FASENRA) 30 mg, Subcutaneous, Every ___ weeks, for _____ treatments
<input type="checkbox"/>	Mepolizumab (NUCALA) 100 mg, Subcutaneous, Every 4 weeks, for _____ treatments
<input type="checkbox"/>	Omalizumab (XOLAIR) ____ mg, Subcutaneous, Every ____ weeks, for _____ treatments
<input type="checkbox"/>	Reslizumab (CINQAIR) 3 mg/kg, Intravenously over 30 minutes, Every 4 weeks, for _____ treatments
<input type="checkbox"/>	Tezepelumab (TEZSPIRE) 210 mg, Subcutaneous, Every 4 weeks, for _____ treatments

Additional Order Comments:	_____
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_____ Physician Signature	_____ Printed name	_____ Date/time
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In order to refer a patient to one of the Baptist Infusion Centers, please send the following information:

- Patient's complete demographics, including insurance information
- A copy of the patient's diagnosis with the appropriate ICD-10 diagnosis code, preferably in the provider's note
- A copy of the most recent labs and the most recent provider's progress note
- A copy of the Baptist Cancer Center order sheet with the correct drug selected and the order signed, dated, and timed

- **Omalizumab (Xolair):** provide serum total IgE level at initiation (asthma indication only).
- We will not proceed with prior authorization or scheduling the patient for treatment until all information requested is provided
- Please ensure that we have a valid contact name and number should we need to call for additional information or to clarify orders
- Please note that orders are only valid for 12 months. After that time, new orders and new documentation must be provided.

Thank you for allowing Baptist Cancer Center to care for your patients.