Asthma & Allergy Referral Form

Please send the following with clinical documentation, which includes visit, physical and history notes, plus lab results for last 3 months, to:

p: 844.575.1515 | f: 844.797.5050 | e: specialtyreferrals@soleohealth.com

This form is not a valid prescription

✂ Please detach before submitting to a pharmacy. Cut or tear here.

PATIENT INFORMATION

Patient Name		DOB	Contact Phone
Address	City	State	Zip
Gender ☐M ☐F	Social Security, last 4 digits	Weight (lb.)	Height (in.)
☐NKDA	☐Allergies		Date
ICD-10 code (required)		ICD-10 description	
Patient Status ☐New to Therapy ☐Continuing Therapy		Discarge Date	SOC Date

PRESCRIBER INFORMATION

Ordering Prescriber		Prescriber NPI	
Practice Name		Phone	Fax
Practice Address	City	State	Zip

REQUIRED DOCUMENTATION

☐ Insurance Cards	☐ History & Physical	☐ Most Recent Labs	☐ Medication List

ASTHMA & ALLERGY TREATMENT PLAN

☐ Fasenra®
- ☐ Adminsiter 30mg subcutaneous every 4 weeks for the first 3 doses, then 30mg every 8 weeks thereafter

☐ Tezspire®
- ☐ Administer 210mg subcutaneously every 4 weeks

☐ Dupixent®
- ☐ 400mg subcutaneously followed by 200mg every 2 weeks (patients < 60kg)
- ☐ 600mg subcutaneously followed by 300mg every 2 weeks (patients > 60kg)
- ☐ _____mg subcutaneously every _____ weeks

☐ Nucala®
- ☐ Administer _____mg subcutaneously every ____ weeks

☐ Xolair®
- ☐ Administer _____mg subcutaneously every ____ weeks

☐ Other	Include dosage, frequency and any other special instructions.

☐ Refill for 1 year

NURSING

Skilled RN to establish and maintain vascular access as needed, draw ordered labs, conduct patient assessments, and educate on home infusion, medication administration, self-monitoring and safety.

PREMEDICATION

☐ Include premedication per Pharmacy's infusion protocol.

☐ Other _____

LABORATORY ORDERS

☐ CBC every _____
☐ CMP every _____
☐ Other

The Pharmacy may contact the prescriber to comply with state-specific requirements. The prescriber is required to comply with any applicable state-specific prescription requirements (e.g., e-prescribing, prescription forms).

The information in this form is intended only for the person(s) or entity to which it is addressed and may contain confidential or legally protected material. If you receive this information in error, please contact the sender and destroy the document(s) promptly at the direction of the sender.