



Phone: 1-888-899-7447
Fax: 1-866-368-9808

CAP
Allergy-Immunology
Patient Order Form

PATIENT INFORMATION

Patient Name		<input type="checkbox"/> Male <input type="checkbox"/> Female	Allergies		<input type="checkbox"/> NKDA
Date of Birth		SSN#	Weight _____	<input type="checkbox"/> kg <input type="checkbox"/> lb	Date
Address		City	State	Zip	
Phone # (Home)	(Work)	Email address (optional)			

INSURANCE INFORMATION (PLEASE ATTACH A PHOTOCOPY OF THE FRONT AND BACK OF ALL INSURANCE CARDS)

Primary Insurance		Medicare ID
Group #	Policy #	Phone #
Secondary Insurance	Policy #	Phone #

DIAGNOSIS INFORMATION (Please specify primary and secondary diagnoses)

Primary ICD-9	Secondary ICD-9
Is patient new to therapy? <input type="checkbox"/> yes <input type="checkbox"/> no Date of diagnosis _____	

PRESCRIPTION INFORMATION

<u>Medication</u>	<u>Dose</u>	<u>Directions/Frequency of Administration</u>	<u>Total # Doses</u>
<input type="checkbox"/> Dexamethasone Sodium Phosphate Inj			
<input type="checkbox"/> Hydrocortisone Sodium Succinate Inj			
<input type="checkbox"/> Methylprednisolone Acetate Inj			
<input type="checkbox"/> Methylprednisolone Sodium Succinate Inj			
<input type="checkbox"/> Diphenhydramine HCl Inj			
<input type="checkbox"/> Hydroxyzine HCl Inj			
<input type="checkbox"/> Xolair® 150 mg/1.2 ml	<input type="checkbox"/> 150 mg <input type="checkbox"/> 225 mg <input type="checkbox"/> 300 mg <input type="checkbox"/> 375 mg	<input type="checkbox"/> SQ every 2 weeks <input type="checkbox"/> SQ every 4 weeks <input type="checkbox"/> _____	

DELIVERY INSTRUCTIONS

Order will be shipped to the address provided below. Physician must be registered with CAP at this location and this must be the site of administration.	Administration Date *
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PHYSICIAN CONTACT INFORMATION & AUTHORIZATION

Physician Name	Office Contact	Institution
Phone	Fax	Specialty
Address		City/State/Zip
DEA #		UPIN #
CAP PIN #		NPI #

Physician's Signature _____ **Date** _____
(required to process prescription – stamped signatures are not permissible)

***If this order is needed in less than 48 hours please call 888-899-7447 to place order.** R (12/28/06)