



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

**CAP
Pulmonology
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

Medication	Dose	Directions/Frequency of Administration	Total # Doses
<input type="checkbox"/> Aminophylline			
<input type="checkbox"/> Xolair® <input type="checkbox"/> 75 mg/0.6 ml <input type="checkbox"/> 150 mg/1.2 ml	<input type="checkbox"/> ____ mg	<input type="checkbox"/> SQ every 2 weeks <input type="checkbox"/> SQ every 4 weeks <input type="checkbox"/> _____	
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Saline 5mL Flush <input type="checkbox"/> Heparin 100u/mL 5mL Flush <input type="checkbox"/> Heparin 10u/mL 5mL Flush (Pediatrics only) <input type="checkbox"/> _____ Flush Directions: Use as directed _____ # Flushes			

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.**