

Troy Infusion Center
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Suite 120
Troy, OH 45373
Phone: 937-401-6620
Fax: 937-401-6629



Washington Township Infusion Center
1989 Miamisburg-Centerville Road
Suite 101
Dayton, OH, 45459
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Cinqair® (Reslizumab) Order Form
Epic Referral: REF115220

Patient Name: _____ **DOB:** _____

Address: _____

Phone: _____ **ICD-10 Diagnosis:** _____

Rx:

- IV Reslizumab (Cinqair) 3 mg/kg added to 50 mL 0.9% NaCl infused over 50 minutes
 - Administer with a 0.2-micron filter and protected from light
 - Flush line with 0.9% NaCl after infusion to ensure full dose is given

Frequency: Every 4 weeks Other _____

Order good for: 6 months 1 year Other duration: _____

Other Orders/Comments: _____

Port/PICC care per protocol will be performed if applicable including heparin flush (500 units/5mL) and Cathflo (2mg) PRN for patients with a port

Prescriber Printed Name: _____

Prescriber Full Address: _____

Office Phone Number: _____ **Office Fax Number:** _____

Prescriber Signature: _____ **Date:** _____