



Pulmonology & Allergy Order Form

Specialty-specific infusion order form for pulmonology & allergy

REFERRING PROVIDER

PROVIDER NAME	NPI	DEA (IF CONTROLLED)	SPECIALTY
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PRACTICE / CLINIC NAME	OFFICE PHONE	OFFICE FAX
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OFFICE CONTACT NAME	CONTACT PHONE	CONTACT EMAIL
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PATIENT INFORMATION

PATIENT LAST NAME	FIRST NAME	MIDDLE INITIAL
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DATE OF BIRTH	SEX	PATIENT PHONE	BEST TIME TO CONTACT
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ADDRESS	CITY, STATE, ZIP
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INSURANCE

PRIMARY INSURANCE	MEMBER ID	GROUP #
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SECONDARY INSURANCE (IF ANY)	MEMBER ID	GROUP #
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DIAGNOSIS & CLINICAL JUSTIFICATION

PRIMARY DIAGNOSIS	ICD-10 CODE
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SECONDARY DIAGNOSIS (IF APPLICABLE)	ICD-10 CODE
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Common indications for this medication: Severe eosinophilic asthma (J45.5x), CRSwNP (J33.x), hereditary angioedema (D84.1)

BRIEF CLINICAL SUMMARY / JUSTIFICATION FOR THERAPY



PRIOR THERAPIES TRIED AND OUTCOME

PULMONOLOGY & ALLERGY MEDICATIONS & Mdash; COMMONLY ORDERED

Fasenra (benralizumab), Nucala (mepolizumab), Xolair (omalizumab), Tezspire (tezepelumab), Cinqair (reslizumab)

MEDICATION ORDER

Table with columns: MEDICATION, DOSE, ROUTE, ANTICIPATED START DATE, FREQUENCY, PRE-MEDICATIONS (IF ANY), # OF DOSES AUTHORIZED, SUBSTITUTION ALLOWED (Y/N), DURATION, SPECIAL INSTRUCTIONS, BIOSIMILAR ACCEPTABLE (Y/N), STRENGTH / FORMULATION

REQUIRED LABS & MONITORING

Check all labs the prescriber requires Arbor to verify before each infusion:

- Checkboxes for: CBC w/ differential, Hepatitis B/C panel, Iron studies (ferritin, TSAT), CMP, TB screen (T-SPOT or QFT), Vitamin levels (B12, D, folate), Liver function panel, Pregnancy test (urine), Other (specify below)

OTHER LABS / MONITORING REQUIREMENTS

PRESCRIBER SIGNATURE

By signing below I certify that this order is medically necessary, that I am the prescribing provider for this patient, and that I have reviewed the patient's clinical history relevant to this therapy. Arbor Infusion Therapy is authorized to coordinate scheduling, prior authorization, and benefits verification on the patient's behalf.

Table with columns: PRESCRIBER SIGNATURE, PRINTED NAME, DATE

Form code: ARB-ORDER-PULMONOLOGY · Submit to Arbor Infusion Therapy by fax to [FAX NUMBER] or via secure portal. Arbor will confirm receipt within one business day and begin prior authorization the same day. Questions: [PHONE] · hello@arborinfuse.com