



## XOLAIR Shipment Request

Please complete the form and send with the specific patient information

fax: 866-531-1025 phone: 866-839-2162

Patient Name:

Date of Birth:

Rx number:

Ship to: (physician name and address)

**PLEASE COMPLETE THE INFORMATION BELOW:**

Next XOLAIR Injection Date: \_\_\_\_\_

**Date order requested to be delivered: (Tuesday-Friday):** \_\_\_\_\_

Special Delivery Instructions: \_\_\_\_\_

If requested delivery date is less than 5 days from now, please call the pharmacy at 866-839-2162

**Is the delivery address the same as above?**  YES  NO

If address is different, please contact the pharmacy to schedule at 866-839-2162

Office representative completing the form: \_\_\_\_\_

Patient/Guardian/Caregiver authorization to ship?  YES  NO

**Patient/Guardian/Caregiver signature authorization to ship:**

\_\_\_\_\_

Changes to insurance?  YES  NO

If YES, patient must contact the pharmacy at 866-839-2162

Changes for the next patient XOLAIR dose or other prescription change?  YES  NO

If YES, please fax a new Rx to 866-531-1025 and the pharmacy will contact the office to set up shipment when processing is complete.

If you would like to discontinue shipments for this patient, contact the pharmacy at 866-839-2162

