

Please complete the form and send with the specific patient information.

**Xolair fax: 866.531.1025 Xolair phone: 866.839.2162**

Next Xolair scheduled injection date \_\_\_\_\_

**Date order requested to be delivered by (Tuesday–Friday) \_\_\_\_\_**

Special delivery instructions \_\_\_\_\_

(If requested delivery date is less than 5 days from now, please call the pharmacy directly at **866.839.2162**.)

Is the delivery address 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 authorizing to ship**

Changes in insurance?  YES  NO

If YES, patient must contact the pharmacy at **866.839.2162**.

Changes for the next patient Xolair dose or other prescription changes?  YES  NO

If YES, please fax a new Rx to **866.531.1025** and pharmacy will contact the office to set up shipment when processing is complete.\*\*

If you would like to discontinue shipments for this patient, please contact the pharmacy at **866.839.2162**.

Please provide the below patient information (please print):

Patient name	
Date of birth	
Rx number (optional)	

\*\*If you are sending a new prescription, please fax to: **866.531.1025**.



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