



Infusion Associates  
 3230 Eagle Park NE, Suite 101  
 Grand Rapids, MI 49525  
 Phone: 616-954-0600 Fax: 616-954-1675

**Fasenra Subcutaneous Injection ORDER**  
 (benralizumab)

*\*Please fax a copy of patient's Demographics, Insurance Information, Current Lab Results, H&P, Current Medications, a Letter of Medical Necessity, And BIF*

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Allergies: \_\_\_\_\_ Patient Weight: \_\_\_\_\_ lbs / kg Height: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

DX CODES: ICD-10 : \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**Fasenra (*benralizumab*) Subcutaneous Injection Dosage:**

30 mg

Other: \_\_\_\_\_

Frequency:  Every 4 weeks x 3 doses then once every 8 weeks thereafter.

Every 8 weeks

Rx Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Provider's Name: \_\_\_\_\_

Provider Signature: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_ Office Fax Number: \_\_\_\_\_