Gabrail Cancer & Research Center

Fasenra® (benralizumab) Subcutaneous Injection 30 mg

Infusion Suite

Patient Information

First Name _____ Last Name _____

DOB _____ ☐ M ☐ F Phone _____

Address _____

Diagnosis / ICD-10

- ☐ J45.50 Severe persistent asthma, uncomplicated
- ☐ J45.51 Severe persistent asthma with (acute) exacerbation
- ☐ J82 Pulmonary Eosinophilia (Medicare Patients)

	Primary Insurance	Secondary insurance	Pharmacy Insurance
Insurance Provider			
Insurance Phone #			
Cardholder (if not patient)			
Cardholder DOB			
Policy #			
Group #			

Doctor Information

Name _____ NPI _____

Address _____

Phone _____ Fax _____

Signature _____ Date _____

*Prior Authorization and Verification of Benefits will be completed by our office.

*Please attach the 3 most recent MD notes, last 3 lab results, demographic sheet (including insurance information) and the completed order form. If any records are unavailable, please let us know.