MD: _____
Office Contact: _____
Phone # _____
Fax # _____

Synagis Re-Order Request

ADVANCED PHARMACY AND
RESPIRATORY CARE SOLUTIONS
26611 Cabot Road, Ste B
Laguna Hills, CA 92653
800-464-7736 Toll Free
949-348-7900 ext #3 Phone
949-334-5381 Fax

Must receive request before next dose will ship:

Patient Name: _____

D.O.B.: _____

PLEASE FAX RESULTS AFTER EACH DOSE IS GIVEN TO:
(949) 334-5381

Patient's Current BIC(14 dig):

Issue Date

Dispensed to Patient as follows:

Treatment #	Date of Injection	Patient Weight kg	Synagis Dose Given 15mg/kg	Synagis vial(s) used for Injection Dose		Communication (Unable to contact, NON-admit, Missed Visits)	
				50 mg	100mg	Date	Note
1							
2							
3							
4							
5							
6							

Communication (Unable to contact, NON-admit, Missed Visits)

Date	Note