

[Your Healthcare Facility Name]

[Address]

[City, State, Zip Code]

[Phone Number]

[Date]

[Patient's Name]

[Patient's Address]

[City, State, Zip Code]

Dear [Patient's Name],

We are pleased to provide you with important information regarding your recent prescription for Xolair (omalizumab). Xolair is a medication used to treat moderate to severe allergic asthma, chronic hives, and other allergic conditions.

****What is Xolair?****

Xolair works by blocking a protein in the body that can trigger allergic responses. This can help reduce the frequency and severity of asthma attacks and allergic reactions.

****Administration****

Xolair is administered as a subcutaneous injection. The frequency of these injections will depend on your specific condition and your doctor's recommendations.

****Potential Side Effects****

Some common side effects may include:

- Injection site reactions (redness, swelling, or pain)
- Headache
- Fatigue
- Abdominal pain

Please contact your healthcare provider if you experience any severe side effects or signs of an allergic reaction such as rash, itching, or difficulty breathing.

****Monitoring and Follow-Up****

It is essential to attend your scheduled follow-up appointments to monitor your response to the treatment. Please inform us if you notice any changes in your symptoms.

****Additional Information****

For more details about Xolair, including its benefits and risks, please refer to the medication guide provided or visit [Relevant Website].

If you have any questions or concerns, feel free to reach out to our office at [Phone Number] or schedule an appointment.

Thank you for trusting us with your healthcare.

Sincerely,

[Your Name]

[Your Title]

[Your Healthcare Facility Name]