



Phone: (805) 719-3700  
Fax: (805) 413- 9099  
Website: infusionforhealth.com

**TEPEZZA ORDER**  
**(teprotumumab-trbw)**

**Please fax a copy of patient's:**

- Demographics
- Current Lab Results
- Medication List
- Copy of Insurance Cards
- H & P Relevant to the Diagnosis

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

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

Allergies: \_\_\_\_\_ Wt: \_\_\_\_\_ lbs / kg Ht: \_\_\_\_\_

Diagnosis: Thyrotoxicosis with diffused goiter without thyrotoxic crisis or storm ICD-10: E05.00

**PRE-MEDICATIONS:**

(Usually not indicated) Diphenhydramine  25 mg  50 mg  PO  IV  PRN  
Acetaminophen  650 mg  PO  PRN  
Other OTC: \_\_\_\_\_

**Tepezza (teprotumumab-trbw) IV Dosage:**

Dose: Infusion 1: \_\_\_\_\_ mg (10 mg/kg)

Dose: Infusion 2-7: \_\_\_\_\_ mg (20 mg/kg)

Frequency: Q3 weeks, 8 infusions total

Start Date of Infusion: \_\_\_/\_\_\_/\_\_\_

**\*\*Primary Care Provider Contact for labs/weight/notes:** \_\_\_\_\_

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

Provider's Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

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

Office Address: \_\_\_\_\_ Contact Person: \_\_\_\_\_