

# Tezspire Order (tezepelumab-ekko)



InfusionForHealth.com  
Ph: 888-777-1945 | Fax: 805-852-2636

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Treatment Location: \_\_\_\_\_

**\*Please fax a copy of the following patient information:**  Demographics  Insurance Information  
 H & P Relevant to the Diagnosis  Current Medications

## PATIENT INFORMATION

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Allergies: \_\_\_\_\_

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

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

ICD-10: \_\_\_\_\_

## PROVIDER INFORMATION

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

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

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

Phone: ( \_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_ ) \_\_\_\_\_

Office Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Number of severe asthma exacerbations in the past 12 months: \_\_\_\_\_

Number of ED visits or hospitalizations in the past 12 months: \_\_\_\_\_

## TEZSPIRE (TEZEPELUMAB-EKKO) DOSAGE

Date of Last Treatment, If Continuation:

210 mg Subcutaneous every 4 weeks