Tepezza

INFUSION FOR HEALTH

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

Date: ______________________ Treatment Location: ______________________

PROVIDERS: Please include the following to expedite the order.
Most Recent Office Visit Note, Insurance Information, Medication List, CAS Score,
Recent labs (Thyroid panel to include Free T3, Free T4, TSH; CMP/BMP; A1C for diabetic patients
Auditory screening is recommended for all patients prior to first Tepezza infusion.

PATIENT INFORMATION

Patient Name: ______________________

Patient Contact Number: ______________________

DOB: ______________________

Allergies: ______________________

Weight: __________ lbs / kg Height: __________

Diagnosis: ☐ Thyroid Eye Disease (TED) ICD 10-E05.00
☐ Graves' orbitopathy ICD 10-H05.20

Other Dx/ICD10: ______________________

PRESCRIBER INFORMATION

Prescriber's Name: ______________________

Signature: ______________________

NPI: __________ Date: __________

Phone: __________ Fax: __________

Office Address: ______________________

Contact Person: ______________________

Contact Email: ______________________

The following medications will be administered per prescribing information:

***None are indicated for this drug.**
Center will use Hypersensitivity protocol established by Infusion for Health and P.I.

MEDICATION DOSAGE:

Date of Last Infusion: Number of Completed Infusions:

Patient Weight (in kg): __________ **Route**: ☑ IV

Dose: Infusion 1: __________ mg (10 mg /kg) Infusion 2: __________ mg (20 mg /kg)

Frequency: Q3 weeks, 8 infusions total

If dose is < 1799 mg use 100 ml NaCl bag , if dose is >1800 use 250ml NaCl bag

Start Date of Infusion: ______________________

To ensure that a brand name product be dispensed, the prescriber must handwrite "Brand Medically Necessary" on prescription form. If not indicated, Infusion for Health is authorized to administer generic or biosimilar.

Lab Orders: ☐ Monitor blood glucose Level every infusion for diabetic patients

☐ Obtain Hemoglobin A1C prior to all infusions

☐ Please check this box if you **DO NOT** authorize Infusion for Health to order and draw labs indicated for clinical clearance and/or insurance authorization prior to treatment.

☐ Please check this box if you **DO NOT** authorize Infusion for Health to complete a Peer to Peer on behalf of the prescribing provider for an insurance company that denies authorization for treatment.