

Date: _____ Treatment Location: _____

PROVIDERS: Please include the following to expedite the order.

Most Recent Office Visit Note, Insurance Info, Medication List, Thyroid Labs, and Renal Function

PATIENT INFORMATION

Patient Name: _____

DOB: _____

Allergies: _____

Weight: _____ lbs / kg Height: _____

Diagnosis: R76.8 Z85.850 C73

Other Dx/ICD10: _____

PRESCRIBER INFORMATION

Prescriber's Name: _____

Signature: _____

NPI: _____ Date: _____

Phone: _____ Fax: _____

Office Address: _____

Contact Person: _____

Contact Email: _____

Center will use Hypersensitivity protocol established by Infusion for Health and P.I

PRE-MEDS

- No Premeds ***Pretreatment with glucocorticoids should be considered for patients in whom tumor expansion may compromise vital anatomic structures.***

LAB ORDERS

- (Tg) Stimulated thyroglobulin, (WBS) Whole Body Scan Prior to first appointment Other Frequency: _____
 Hemoglobin A1C prior to first infusion
 Monitor Blood Glucose levels prior to infusion for all patients.
 Other: _____ Frequency: _____

THYROTROPIN ALFA (THYROGEN)

THYROGEN is indicated as a two-injection regimen. Route: IM
THYROGEN 0.9 mg intramuscular injection to the buttock followed by a second 0.9 mg intramuscular injection to the buttock 24 hours later

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.

- 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.