



Outpatient Infusion Center
Tepezza Order

Please fax form to: 580-585-5472

Patient Information

Patient Name: DOB: Phone: Gender: M F
Patient Address: Email: Insurance:

Additional Information Needed

- Fax front/back of insurance card
Fax clinical/progress notes
Fax labs
Fax patient demographics
Fax current medication list
Fax TB and Hep B results

Diagnosis and Clinical Information

Diagnosis (ICD-10):

- E05.00 Thyrotoxicosis with diffuse goiter without Thyrotoxic Crisis or Storm (Hyperthyroidism)
Other: DX:

Clinical Information:

- New Therapy Induction
Therapy Change
Therapy Continuation
Patient Weight: lbs/ kg
Patient Height: in/ cm
Allergies:
Therapies Tried and Failed:
TB Test: Date: Results:
Hep B Test: Date: Results:
Does the patient have documented Thyroid Eye Disease (TED)? Yes or No
Does the patient have venous access? Yes or No

Lab Orders

Lab Orders to be done by

- CBC w/o diff
CMP
HBsAg
HBsAB
HBcAB
Quantiferon Gold
T3
T4
TSH
Other:
Infusion Services
Referring Provider

Prescription Information

- Tepezza
Initial Dose: 10mg/kg beginning week
Maintenance Dose: 20mg/kg every 3 weeks after initial week for 7 additional infusions

Misc Orders

- PICC/Midline/CAD dressing to be changed every 7 days
Flushes
10mL NS Flush Syringe PRN
Heparin 500units/5mL Flush Syringe PRN
50ml NS Bag PRN
250ml NS Bag PRN

Standing Orders for Adverse Reaction

- Stop infusion and initiate NS bolus
Notify Supervising physician and ordering provider
Solu-Cortef 100mg SIVP signs of adverse reaction
Benadryl 25 mg SIVP for hives or bronchial inflammation
Epi 1:1000 1mL IM, IV or SQ for anaphylaxis
Oxygen 2-5L nasal cannula
Albuterol 2.5mg inhaled PRN to chest tightness
Other:

Prescriber Information

Physician Name: Official Contact Name:
Contact #: Fax Number:
Address: City/State/Zip:
NPI#: DEA#: State License #:

Physician's Signature Date Time

