Tepezza

(Teprotumumab) Order

NobleInfusion
Phone: 386-957-9600
Fax: 386-957-9400

Patient Name: _____ ☐ Male ☐ Female
DOB: _____ Phone number: _____
Allergies: ☐ NKDA ☐ allergic to _____
DIAGNOSIS:

Fill in IDC-10 Code with diagnosis
☐ Thyrotoxicosis with diffuse goiter without thyrotoxic crisis or storm (hyperthyroidism)_____
☐ Thyroid Orbitophathy_____
☐ Other: _____ code:_____
PREMEDICATION:

☐ acetaminophen 100 mg PO ☐ Diphenhydramine 25 mg PO **OR** Cetirizine 10 mg PO
☐ Solu Medrol 125 mg IVP ☐ Solu-Cortef 100 mg IVP ☐ Diphenhydramine 25 mg IV
REQUIRED TESTING/LABS

☐ Progress Notes ☐ Labs ☐ Documentation of Thyroid Disease and discussion of related symptoms
☐ CAS score if available ☐ insurance cards ☐ Demographics ☐
TEPEZZA DOSING:

Pt Weight: _____ **KG/ LBS**

Special Instructions:

☐ Infusion #1: 10 mg/kg given intravenously over 90 min _____
☐ Infusion #2: 20 mg/kg given intravenously over 90 min _____
☐ Infusion #3-#8: 20 mg/kg given intravenously over 60 min _____

☐ Pt already on therapy and has received _____ infusions. Date of last infusion: _____ date of next infusion: _____

ORDERING PROVIDER:

Referral Coordinator name: _____ referral coordinator email: _____
Ordering Provider Name: _____ NPI_____
Phone: _____ fax: _____
Practice Address: _____
City: _____ State: _____ Zip: _____

Provider Signature_____ Date: _____