CureStat IS
Infusion Services

Phone: (888) 963-6544
Fax: (858) 281-0045
CureStatInfusions.com
Pharmacy@CureStatRx.com

TEPEZZA

Please include the following to expedite the order:
Patient Demographics, Insurance Information, Recent Labs

PATIENT

Referral Status: ☐ New ☐ Updated ☐ Renewal

Name: _____ **DOB**: _____ **Gender**: ☐ M ☐ F ☐ Other _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____ **Phone:** _____

PRESCRIBER

Name: _____ **DEA:** _____ **NPI:** _____ **State License:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

CLINICAL

Diagnosis: ☐ E05.00 (Thyrotoxicosis w diffuse goiter w/o thyrotoxic crisis)

Allergies: _____ **Weight:** _____ ☐ kg ☐ lbs **Height:** _____ ☐ cm ☐ in

Diabetes: ☐ Yes ☐ No If yes, managed: ☐ Yes ☐ No *Glucose will be checked via fingerstick before every infusion*

TREATMENT

TEPEZZA (teprotumumab)

Route: Intravenous Infusion

Dose: ☐ 10mg/kg ☐ 20mg/kg

Frequency:

☐ Every 3 weeks, 8 infusions in total

Quantity: _____ Refills: ____

Premedication Protocol: *(Not Usually Indicated)*

☐ Diphenhydramine: ☐ 25mg ☐ 50mg ☐ PO ☐ IV

☐ Acetaminophen: ☐ 325mg ☐ 500mg ☐ 650mg PO

☐ Other: _____

Sig: _____

■ Center will use anaphylactic and hypersensitivity protocol established by Cure Stat Infusion Services.

Special Instructions: _____

_____

_____

_____

Provider Signature: _____ Date: _____

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