FAX: 203-724-4838

CIVIC INFUSION

249 Danbury Road, Wilton, CT 06897

400 Columbus Ave, Valhalla, NY 10595

(teprotumumab-trbw)

TEPEZZA infusion orders

Patient Name _____ DOB _____

Phone _____ M ○ F ○

DIAGNOSIS *Please provide ICD-10 code*

☐ _____ Thyroid Eye Disease

☐ _____ _____

PRE-MEDICATION

☐ Tylenol 1000mg PO

☐ Diphenhydramine 25mg PO

☐ Cetirizine 10mg PO

☐ _____

☐ Solu-Medrol 125mg IVP

☐ Solu-Cortef 100mg IVP

☐ Diphenhydramine 25mg IVP

☐ _____

TEPEZZA ORDERS

DOSAGE

○ First Dose - _____ mg/kg

○ Dose 2-8 - _____ mg/kg

PATIENT WEIGHT

_____lbs.

_____kg

HEIGHT

_____ft _____in

FREQUENCY

○ Every 3 weeks for 8 visits

NOTES

_____

ORDERING PROVIDER

Signature **X** _____ Date _____

Provider _____ Phone _____ Fax _____