



thrive health

TEPEZZA ORDER/REFERRAL

LOCATION

- BEVERLY HILLS
- LONG BEACH
- NEWPORT BEACH

REFERRAL STATUS

- NEW
- RE-TREATMENT

PATIENT INFORMATION

Patient Name: _____ DOB: ____/____/____

Sex (please circle): M / F Current Weight: _____ lbs / kg (please circle)

Please include the following with your submission:

- Patient demographics and insurance information (please include front and back of insurance card(s))
- Complete TEPEZZA Patient Enrollment Form (PEF)
- Current medication list
- Relevant clinical information (progress notes, H&P, thyroid labs, orbital CT/MRI reports, etc.) Date

of last infusion (if patient is being re-treated): ____/____/____ check here if not applicable:

REFERRING PHYSICIAN INFORMATION

Physician Name: _____ Office Contact: _____

Phone: _____ Fax: _____ E-mail: _____

MEDICATION ORDER

Medication: TEPEZZA (teprotumumab-trbw)

Dosage: 10mg/kg for dose #1, then 20mg/kg for doses #2 through #8 / Frequency: every 3 weeks

Route: intravenous (IV) ICD-10 Code/Diagnosis: E05.00/Thyroid Eye Disease

- Premedication(s) or special instructions: _____
- IV hydration(multivitamin) therapy – This is an OPTIONAL complimentary service that we are currently offering

Physician Signature: _____ Date (order valid for 1 year): ____/____/____

9675 Brighton Way, Suite 410
Beverly Hills, CA 90210

3900 Long Beach Boulevard
Long Beach, CA 90807

369 San Miguel Drive, Suite 370
Newport Beach, CA 92660