MONTGOMERY CANCER CENTER
A BAPTIST MEDICAL CENTER SOUTH FACILITY

MEDICATION ORDERS

TEPEZZA (TEPROTUMUMAB-TRBW)

PATIENT INFORMATION	
Name:	DOB:
Allergies:	Date of Referral:

REFERRAL STATUS
❑ New Referral ❑ Dose or Frequency Change ❑ Order Renewal

INFUSION OFFICE PREFERENCE (Optional)
Preferred Location: ❑ Montgomery ❑ Prattville

DIAGNOSIS AND ICD 10 CODE	
❑ Thyroid Eye Disease	ICD 10 Code: E05.00
❑ Other:	ICD10 Code:

REQUIRED DOCUMENTATION/TESTING	
❑ This signed order form by the provider	❑ Clinical/Progress notes
❑ Patient demographics AND insurance information	❑ Labs and Tests supporting primary diagnosis

MEDICATION ORDERS	
❑ Initial IV Dosing	❑ Tepezza 10mg/kg IV once, initial dose
❑ Maintenance Dosing (will start 3 weeks after initial dose, when applicable)	❑ Tepezza 20mg/kg IV every 3 weeks x 7 doses
❑ Other (please include dose, route, frequency, and number of refills)	❑ Tepezza _____
NOTE: First and second doses will be administered over 90 minutes and, if tolerated, subsequent doses will be administered over 60 minutes.	

PROVIDER INFORMATION			
Office Contact Name:			
Prescribing Providers Name:		Provider NPI:	
Office Address:	City:	State:	Zip:
Office Phone Number:	Office Fax Number:		
Physician Signature:	Date:		

Contact us with questions at: Montgomery (334) 273-7000 or Prattville (334) 351-1000

Fax completed form and all documentation to Montgomery (334) 260-2011 or Prattville (334) 358-1207