



LivWell
INFUSIONS

Tepezza Infusion Order

Fax 888 511-7654 Phone 888 864-7341

Patient Name: _____
Patient Phone: _____

DOB: _____
SEX: M F

Please Attach All Insurance Information, front and back

MEDICAL INFORMATION

Diagnosis: E05.00 Thyrotoxicosis with diffuse goiter
without thyrotoxic crisis or storm

Other: _____

Patients weight: _____
Lab Date: _____
Allergies: _____

ICD 10: _____

ALSO INCLUDE...

Clinical/ Progress Notes
Demographics Sheet
Current Medications
Labs

TEPEZZA ORDER

Tepezzza Dose: First dose 10mg/kg 20 mg/kg every 3 weeks for 7 additional infusions
Other: _____

Patients Weight: _____

Date of last Infusion: _____

Additional Comments:

PHYSICIAN INFORMATION

Referring Physician: _____ **Phone:** _____

Practice Address: _____

Office Contact: _____ **Fax:** _____

NPI/ TIN: _____

Referring Physician's Signature _____ **Date:** _____