



888.717.7578



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BY APPOINTMENT



LOCATION

Murray Tooele

REFERRAL STATUS

New Referral Order Renewal

PATIENT INFORMATION

PATIENT NAME:		DOB:	SEX:	<input type="checkbox"/> M:	<input type="checkbox"/> F:
WEIGHT:	<input type="checkbox"/> LBS	<input type="checkbox"/> KG	PHONE #:		
ALLERGIES:		EMAIL:			
Please check that the following are included:	<input type="radio"/> Patient demographics and insurance attached		<input type="radio"/> Clinical/Progress Notes, H&P, Labs, Tests, supporting DX Attached		
	<input type="radio"/> Current Medication List				

DIAGNOSIS

ICD-10 CODE:	Other:	Date of last infusion/injection:
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PHYSICIAN INFORMATION

Physician Name:	Phone Number:
Practice Name:	Fax Number:
Office Contact:	

MEDICATION ORDER

Medication: Tepezza	Dosing: 1st Infusion: 10mg/kg 2nd Infusion: 20mg/kg 3rd-8th Infusion: 20mg/kg	Frequency: Once every 3 weeks for a total of 8 infusions	Notes/Comments
Physician Signature _____		Date (Order is Valid for One Year) _____	

LAB ORDERS

CMP
 CBC
 Ferritin
 Iron TBIC
 Other (please specify)

Labs to be Drawn by Infusion Center
 Frequency: _____
 Standing Order? Yes No

TYPE OF ACCESS

Peripheral
 PICC
 Midline
 Port
 Subcu
 I/M