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\_\_\_\_\_ ok the switch to biosimilar if insurance formulary prefers

# Thyrotropin Alfa (Thyrogen)

## Provider Order Form

Date: \_\_\_\_\_

### PATIENT INFORMATION

|  |                     |  |
|--|---------------------|--|
| Name:                                    | DOB:                | SEX: M <input type="checkbox"/> F <input type="checkbox"/> |
| ICD-10 code (required):                  | ICD-10 description: |  |
| <input type="checkbox"/> NKDA Allergies: | Weight lbs/kg:      |  |

### REFERRAL STATUS

New Referral  Referral Renewal  Medication/Order Change  Benefits Verification Only  Discontinuation Order

### PHYSICIAN INFORMATION

|                            |                             |        |           |
|----------------------------|-----------------------------|--------|-----------|
| Referral Coordinator Name: | Referral Coordinator Email: |        |           |
| Ordering Provider:         | Provider NPI:               |        |           |
| Referring Practice Name:   | Phone:                      | Fax:   |           |
| Practice Address:          | City:                       | State: | Zip Code: |

### PRE-MEDICATION ORDERS

- acetaminophen (Tylenol)  500mg /  650mg /  1000mg IV
- cetirizine (Zyrtec) 10mg IV
- loratadine (Claritin) 10mg IV
- diphenhydramine (Benadryl)  25mg /  50mg  PO /  IV
- methylprednisolone (Solu-Medrol)  40mg /  125mg IV
- hydrocortisone (Solu-Cortef)  100mg IV
- Other: \_\_\_\_\_  
Dose: \_\_\_\_\_ Route: \_\_\_\_\_  
Frequency: \_\_\_\_\_

### THERAPY ADMINISTRATION

- Thyrotropin alfa** (Thyrogen) intramuscular injection
  - Dose: 0.9mg intramuscular injection
  - Frequency: two injections separated by 24 hours
- Patient is required to stay for 30-minute observation period
- Patient is NOT required to stay for observation time

### SPECIAL INSTRUCTIONS

### NOTES/ADDITIONAL COMMENTS:

## ORDERING PROVIDER

Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

Provider \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_