VIVO infusion

Fax Referrals To: (855) 891-2191
Email Referrals To: referrals@vivoinfusion.com
Have a Question? (855) 478-1528

TEPEZZA™(teprotumumab-trbw) REFERRAL

(- Required Fields)*

☐ **STAT REQUEST**
(*REASON MUST BE PROVIDED BELOW)

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

PATIENT INFORMATION

NAME*:	DOB*:	SEX: ☐ M ☐ F
ADDRESS:	PHONE:	
WEIGHT: ☐ LBS ☐ KG HEIGHT:	EMAIL:	
ALLERGIES:		

PHYSICIAN INFORMATION

PHYSICIAN NAME*:	PRACTICE NAME:
ADDRESS:	OFFICE CONTACT*:
PHONE: FAX:	EMAIL *(FOR UPDATES)*:

TEPEZZA Infusion*:
*(SELECT **ONE** OF THE FOLLOWING)*

ICD-10*: _____

☐ **Initial Dosing:** Infusion #1: 10mg/kg (second infusion 3 weeks after initial)
Infusion #2 to #8: 20mg/kg every 3 weeks

☐ **2nd Course of Therapy:** Infusion #1: 10mg/kg (second infusion 3 weeks after initial)
Infusion #2 to #8: 20mg/kg every 3 weeks

Physician Signature* _____ **Date*(Referral Valid for One Year)** _____

***NPI #** _____

Infusion will be administered per VIVO policy and protocols

ICD-10 Description:

***STAT REASON:**
(STAT requests will be assessed per VIVO policy and protocols)

Last Infusion/Injection Date: _____

REQUIRED DOCUMENTATION CHECKLIST:

- ☐ Patient Demographics
- ☐ Insurance Card/Information
- ☐ Progress Notes Supporting DX
- ☐ Current Medication List and H&P
- ☐ Free T3 and Free T4
- ☐ Clinical Activity Score (CAS Score)
- ☐ Thyroid Panel with TSH (if available)
- ☐ HbA1C (if available)

STANDING LAB REQUEST (to be drawn by clinic): ☐ CMP ☐ CBC *Frequency _____

Additional comments/notes:

Locations:

--------Colorado-------
- ☐ Lakewood

--------Florida---------
- ☐ Jacksonville
- ☐ Kissimmee
- ☐ Port St. Lucie
- ☐ Suncoast
- ☐ Winter Park

---------Ohio---------
- ☐ Beachwood
- ☐ Middleburg Hts.
- ☐ Painesville
- ☐ Youngstown
- ☐ Westlake
- ☐ Fairlawn

-------Oklahoma-------
- ☐ Tulsa

---------Texas---------
- ☐ Arlington
- ☐ Cedar Hill
- ☐ Dallas
- ☐ Denton
- ☐ Ft. Worth
- ☐ Irving
- ☐ Rockwall
- ☐ Southlake
- ☐ Flower Mound
- ☐ Plano
- ☐ Tyler

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