Therapeutics

ENDOCRINOLOGY

PHONE: 832-813-8932 FAX: 888-883-9901

REFERRAL STATUS

☐ NEW REFERRAL ☐ DOSE/FREQUENCY CHANGE ☐ ORDER RENEWAL

PATIENT INFORMATION

NAME: _____

DATE OF BIRTH: _____/_____/_____

PHONE: (_____) _____- _____

ALLERGIES: _____
_____

WEIGHT: _____LBS HEIGHT: _____IN

PLEASE ATTACH DEMOGRAPHICS, CLINICALS, AND LABS

PROVIDER INFORMATION

NAME: _____
NPI: _____

SIGNATURE: _____

PHONE: (_____) _____- _____
FAX: (_____) _____- _____

CONTACT PERSON: _____
DATE: _____/_____/_____ REFILLS: _____

ALL ORDERS ARE VALID FOR ONE YEAR, UNLESS SPECIFIED

MEDICAL INFORMATION (REQUIRED)

☐ TEPEZZA: CAS SCORE, PATIENT ENROLLMENT SUBMITTED TO TEPEZZA, GLUCOSE TEST IF PATIENT IS DIABETIC
☐ PROLIA/EVENITY/BONIVA/RECLAST: CALCIUM LEVELS, BONE DENSITY (<-2.5, OR DOCUMENTED FRACTURES)
☐ APRETUDE: HIV-1RNA AND ANTIBODY, LFTS IF AVAILABLE
☐ EVKEEZA/LEQVIO: LDL-C LAB

MEDICATION ORDERS

☐ TEPEZZA 10MG/KG IV ON WEEK 0 FOR ONE INFUSION
☐ TEPEZZA 20MG/KG IV ON WEEK 3, AND EVERY 3 WEEKS THEREAFTER X 7 INFUSIONS

☐ FABRAZYME 1MG/KG IV EVERY 2 WEEKS
*PREMEDICATE: TYLENOL 1000MG PO, BENADRYL 25MG PO
SOLUMEDROL 100MG IV (30 MIN PRIOR)

☐ SALINE SUPPRESSION TEST
NORMAL SALINE 500ML/HR IV OVER 4 HOURS
RENIN AND ALDOSTERONE SERUM TO BE DRAWN BEFORE/AFTER INFUSION

☐ EVKEEZA 15MG/KG IV EVERY 4 WEEKS

☐ LEQVIO 284MG SQ DAY 1, THEN 3 MONTHS LATER, AND EVERY 6 MONTHS THEREAFTER
☐ LEQVIO 284MG SQ EVERY 6 MONTHS

☐ ZOLEDRONIC ACID/RECLAST 5MG/100ML IV SINGLE DOSE

☐ EVENITY 210MG SQ MONTHLY FOR ONE YEAR

☐ PROLIA 60MG SQ ONCE EVERY 6 MONTHS

☐ BONIVA 3MG IV EVERY 3 MONTHS

☐ APRETUDE 600MG IM MONTHLY X 2 DOSES, THEN EVERY 2 MONTHS THEREAFTER
☐ APRETUDE 600MG IM EVERY 2 MONTHS

DIAGNOSIS

☐ E05.00 THYRO W/ DIFFUSE GOITER W/O GOUT THYRO CRISIS OR STORM (HYPERTH)
☐ I15.2 HYPERTENSION SECONDARY TO ENDOCRINE DISORDERS
☐ E78.01 FAMILIAL HYPERCHOLESTEROLEMIA
☐ M80.0_____ AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE
☐ M81.0 AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE
☐ M81.8 OTHER OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE

☐ OTHER: _____
ICD-10: _____

PRE-MEDICATIONS

BENADRYL IV _____ MG
REGLAN IV _____ MG
SOLUMEDROL IV _____ MG
ZOFRAN IV _____ MG
OTHER IV _____MG

BENADRYL PO _____ MG
TYLENOL PO _____ MG
ZYRTEC PO _____ MG
ZOFRAN PO _____ MG
ZANTAC PO _____ MG
OTHER PO _____ MG