

AIC Ophthalmology

8-0833

Patient Information				
Patient Name:	DOB:	Height:	Patient Contact #:	
Medical Assessment				
Diagnosis (ICD-10): □ E05.00 – Thyrotoxicosis □ Other:			or storm (hyperthyroidism)	
Clinical Activity Score (CAS):		_ Date of Thyroid	Eye Disease Diagnosis:	
Failed Medications:				
			d, any clinical notes with supporting and / or failed therapies associated w	
Allergies:				
 □ Alternate Oral Antihistam □ Methylprednisolone □ 40n □ Famotidine □ 20mg PO □ □ Ondansetron □ 4 mg IVP 	g □ 50mg − PO 30 minute IVP □ 50mg IVP nines: □ Cetirizine 10mg no mg IVP □ 125mg IVP or □ 40mg PO □ 20mg IVP □ □ 4 mg PO ery infusion(s).	es before infusion. □ Loratadine 10mg other mg IVP □ 40mg IVP Other labs (e.g., tl	□ Fexofenadine 60mg or □180mg nyroid, pregnancy):	
*	atient's Current We			
Tepezza (teprotumumal			_	
Duration: 1 infusion every 3 weeks for a tota Subsequent infusions may be reduce Week 0: Tepezza mg (10mg / kg) - 1	l of 8 infusions. Adminisced to 60 minutes, if toler		ons over 90 minutes.	
Week 3: Tepezza mg (20mg / kg) -	- 21-day supply			
Refills:				
Physician Prescription Ord				
Address: Physician Name:			Fax: ntact:	
	Physician Signati		Data	