

Los Angeles, CA  
2080 Century Park East  
Suite 710  
Los Angeles, CA 90067



# 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	
<input type="checkbox"/> New Referral <input type="checkbox"/> Referral Renewal <input type="checkbox"/> Medication/Order Change <input type="checkbox"/> Benefits Verification Only <input type="checkbox"/> 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 PO

cetirizine (Zyrtec) 10mg PO

loratadine (Claritin) 10mg PO

diphenhydramine (Benadryl)  25mg /  50mg  PO /  IV

methylprednisolone (Solu-Medrol)  40mg /  125mg IV

hydrocortisone (Solu-Cortef)  100mg IV

Other: \_\_\_\_\_  
Dose: \_\_\_\_\_ Route: \_\_\_\_\_  
Frequency: \_\_\_\_\_

**SPECIAL INSTRUCTIONS**

**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

**NOTES/ADDITIONAL COMMENTS:**

### ORDERING PROVIDER

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

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