

Lexington
1792 Alysheba Way
Suite 205
Lexington, KY 40509

Bowling Green
727 U.S. 31 W Bypass
Suite 102
Bowling Green, KY 42101



LUMVOA (veligrotug-vvze)

Provider Order Form

Date: _____

PATIENT INFORMATION

Name:	DOB:	SEX: M ☐ F ☐
Address:	Phone #:	
☐ NKDA Allergies:		

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:

Diagnosis: Thyroid Eye Disease

- ☐ ICD - E05.00*: _____
☐ Other: _____

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: _____

THERAPY ADMINISTRATION

Lumvoa (veligrotug-vvze)

Weight lbs/kg: _____

☐ LUMVOA Dose

- Dose: 10 mg/kg IV
▪ Frequency: Every 3 weeks
▪ Route: IV
▪ Total: 5 infusions

Infusion Duration:

- First infusion: 45 minutes
▪ If tolerated, subsequent infusions: minimum 30 minutes
▪ If not tolerated: maintain 45 minutes

SPECIAL INSTRUCTIONS

NOTES/ADDITIONAL COMMENTS:

ORDERING PROVIDER

Signature **X** _____ Date _____

Provider _____ Phone _____ Fax _____