

Hackensack
385 Prospect Avenue
Suite 101
Hackensack, NJ, 07601

Princeton / Somerset
49 Veronica Avenue
Suite 202
Somerset, NJ 08873

Long Branch
422 Morris Avenue
Suite 7
Long branch, NJ 07740

Marlton
127 Church Road
Suite 600
Marlton, NJ 08053



LUMVOA (veligrotug-vvze)

Provider Order Form

Date: _____

PATIENT INFORMATION

Name:	DOB:	SEX: M <input type="checkbox"/> F <input type="checkbox"/>
Address:	Phone #:	
<input type="checkbox"/> 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 _____