Troy Infusion Center
600 W Main Street
Suite 120
Troy, OH 45373
Phone: 937-401-6620
Fax: 937-401-6629

Washington Township Infusion Center
1989 Miamisburg-Centerville Road
Suite 101
Dayton, OH, 45459
Phone: 937-401-6620
Fax: 937-401-6629

Dupixent® (Dupilumab) Order Form

Epic Referral: REF115221

Patient Name: _____ **DOB:** _____

Address: _____

Phone: _____ **ICD-10 Diagnosis:** _____

Induction (Only check if patient is a new start or re-starting therapy AND indicated for the diagnosis):

☐ Dupixent 600 mg subcutaneous injection x 1 dose followed by maintenance dosing starting 2 weeks later

Maintenance:

☐ Dupixent 300 mg subcutaneous injection every 2 weeks

☐ Dupixent 300 mg subcutaneous injection weekly (Eosinophilic esophagitis ONLY)

Duration:

☐ 6 months ☐ 1 year ☐ Other _____

Other Orders/Comments: _____

_____

Prescriber Printed Name:_____

Prescriber Full Address: _____

Office Phone Number: _____ **Office Fax Number:** _____

Prescriber Signature: _____ **Date:** _____