

Troy Infusion Center  
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Troy, OH 45373  
Phone: 937-401-6620  
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Washington Township Infusion Center  
1989 Miamisburg-Centerville Road  
Suite 101  
Dayton, OH, 45459  
Phone: 937-401-6620  
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**Exdensur® (depemokimab) Order Form**  
Epic Referral:

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **ICD-10 Diagnosis:** \_\_\_\_\_

**Rx:**

Exdensur (depemokimab) 100 mg subcutaneous injection every 6 months

**Duration:**

6 months       1 year       Other \_\_\_\_\_

**Other Orders/Comments:** \_\_\_\_\_

\_\_\_\_\_

**Prescriber Printed Name:** \_\_\_\_\_

**Prescriber Full Address:** \_\_\_\_\_

**Office Phone Number:** \_\_\_\_\_ **Office Fax Number:** \_\_\_\_\_

**Prescriber Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_