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Troy, OH 45373
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Washington Township Infusion Center
1989 Miamisburg-Centerville Road
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Dayton, OH, 45459
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Tezspire® (tezepelumab) Order Form
Epic Referral: REF115208

Patient Name: _____ **DOB:** _____

Address: _____

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

Tezspire (Tezepelumab) subcutaneous injection

- Patients will be observed for 30 minutes after their first 3 injections to ensure there is no anaphylactic or serious injection reaction
- Medication must sit out for 60 minutes prior to administration

Rx:

Tezspire 210 mg subcutaneous injection every 4 weeks

Duration:

6 months 1 year Other _____

Other Orders/Comments: _____

Prescriber Printed Name: _____

Prescriber Full Address: _____

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

Prescriber Signature: _____ **Date:** _____