

Tezspire

(Tezepelumab-ekko)



- 249 Danbury Rd. Wilton, CT 06897
- 400 Columbus Ave, Valhalla, NY 10595
- 127 Washington Ave, North Haven, CT 06473
- _____

Ph: 203-883-0038 Fax: 203-724-4838

Injection Order

Patient Name: _____

DOB: ____/____/____ M F

Phone: _____

Allergies: _____

Diagnosis: _____

ICD- 10: _____

Please fax a copy of the following patient information:

- Demographics Recent Progress Note CBC from within 1 yr IgE level

TEZSPIRE ORDER

DOSAGE

210mg SQ every 4 weeks

Patient Weight: _____ *lbs* _____ *kg*

Height: _____ *ft* _____ *in*

NOTES:

Provider's Name: _____ Signature: _____

NPI: _____ Date: _____ Ph: _____ Fax: _____