



☐ Northern Light Maine Coast, Mary Dow Infusion Center
Phone: (207) 664-5584 **Fax:** (207) 664-5485

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PATIENT IDENTIFICATION
Known allergies / medication sensitivities:

Diagnosis: ☐ Graves Disease ☐ Other: _____

ICD10: _____

- ☐ Saline Lock:
 - ☒ Insert peripheral Saline Lock; *may leave in for consecutive treatment days*
 - ☒ Discontinue Saline Lock after therapy completed
- ☐ PICC Line:
 - ☒ Routine PICC Line Care, labs and restoration (Refer to Policy #26.802 & #26.807)
 - ☐ Discontinue PICC Line (verify regimen is complete with provider prior to removing line)
- ☐ Porta cath / Central Access Device (Hickman, Triple lumen):
 - ☒ Porta cath access, labs, restoration and de-access (Refer to Policy #26.902) / Central Access Device use and care (Refer to Policy #26.102)

Height: _____ cm **Weight:** _____ kg

INITIAL DOSE

☐ Teprotumumab (Tepezza) 10 mg/kg = _____ mg in Sodium Chloride 0.9%, Total Volume 100 mL, Soln, IVPB, ONCE, Infuse over 90 minutes;
***NOTE:** Total Volume = 250 mL for Doses 1800 mg or greater

Waste for Initial Dose: _____

SUBSEQUENT DOSING (21 Days after Initial Dose)

☐ Teprotumumab (Tepezza) 20 mg/kg = _____ mg in Sodium Chloride 0.9%, Total Volume 100 mL, Soln, IVPB, Every 21 Days, 7 Doses/Times,
Infuse 2nd dose over 90 minutes. Subsequent doses may be infused over 60 minutes if previous infusions well tolerated.
***NOTE:** Total Volume = 250 mL for Doses 1800 mg or greater

Waste for Subsequent Doses: _____

Other: _____



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Date: _____ Time: _____

Provider Signature: _____ Print Name: _____

Phone: _____ Fax: _____

Pharmacy Signature: _____

PROVIDERS MUST EXERCISE INDEPENDENT CLINICAL JUDGMENT WHEN USING ORDER SETS