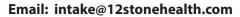
TwelveStone Health Partners

Fax Referral To: (615) 278-3355

Direct Phone: (844) 893-0012





TEZSPIRE ORDER FORM					
Date: ICD-10 Code: Patient Name: Allergies: Date of Birth: Weight: Ibs		lergies:		Therapy Status New Start Continuing Therapy: Last Dose:	
PROVIDER INFORMATION					
Ordering Provider: Provider NPI: Provider Phone:					
MEDICATION ORDER					
Tezspire	□ Tezspire 210mg PFS to be administered subcutane weeks per protocol. ire □ Tezspire mg PFS to be administered even weeks per protocol. Please fax order for Pre-Filled Pen to Tezspire 1-888-388-6016. **Twelvestone does not have accompany to the protocol of the				Refills for one year from date of signature unless indicated below. Refills
PRE-MEDICATIONS					
Oral □ Acetaminophen:325mg500mg650mg □ Loratadine: 10mg □ Cetirizine: 10mg □ Diphenhydramine:25mg50mg □ Famotidine:20mg40mg □ Ibuprofen:200mg400mg600mg □ Ondansetron:4mg8mg □ Other:			IV □ Dexamethasone:4mg8mg □ Diphenhydramine:25mg50mg □ Famotidine:20mg40mg □ Methylprednisolone: 125mg □ Hydrocortisone: 100mg □ Ondansetron:4mg8mg □ Other:		
LAB ORDERS (please indicate any labs to be drawn and frequency)			OTHER REQUIRED DOCUMENTATION		
Surveillance lab ordering and monitoring is the responsibility of the prescriber			(Please fax this signed order form, along with the following documents to 800-223-4063) • History & Physical, Last Office Visit Note • Patient Demographics and Insurance Information • Medication List • Recent Lab Work		
By signing below, I certify that the above therapy is medically necessary. Prescriber's Signature (SIGN BELOW) By signing this form, I am authorizing TwelveStone Health Partners and affiliates to serve as my designated agent in submitting prior authorizations and other clinically required information to payors with respect to this patient and prescription order. This enrollment form shall serve as my signature for prior authorizations, as requested.					
Dispense as Written:		Substitution Allowed:			
Prescriber N	ame	Date	Prescriber Nan	ne	 Date