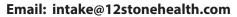
## **TwelveStone Health Partners**

Fax Referral To: (615) 278-3355

Direct Phone: (844) 893-0012





ULTOMIRIS ORDER FORM					
Date:	ICD-10 Code:	-10 Code:		Therapy Status	
Patient Name:	Allergies:	Allergies:		☐ New Start	
Date of Birth:	Weight:	Weight: Ihs OR ka		Continuing Therapy:  Last Dose:	
PROVIDER INFORMATION					
Ordering Pr	Provider Fax:				
Provider NPI:		F	Provider Address:		
Provider Phone:					
MEDICATION ORDER					
Ultomiris	<ul> <li>□ Initiation:         Infuse Ultomiris mg IV per proton on day 1.</li> <li>□ Maintenance:         Infuse Ultomiris mg IV per proton starting two weeks after the initiation do</li> </ul>	Refi	Refills for one year fro date of signature unle indicated below. Refills		Please include the following vaccine dates required for infusion. Primary vaccine series should be completed two weeks prior to start of therapy. Continued monitoring of booster vaccine administration and scheduling will be the responsibility of the prescriber:  Vaccine Administration Dates:
	and continuing every 8 weeks.  ☐ Maintenance: Infuse Ultomiris mg IV per prot every 8 weeks.	ocol			Dose 1         Dose 2         Dose 3           MenACWY             MenB
PRE-MEDICATIONS					
Oral         □ Acetaminophen:325mg500mg650mg         □ Loratadine: 10mg         □ Cetirizine: 10mg         □ Diphenhydramine:25mg50mg         □ Famotidine:20mg40mg         □ Ibuprofen:200mg400mg600mg         □ 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**  By signing below, I certify that the above therapy is med  By signing this form, I am authorizing TwelveStone Health Partners and affiliates to serve as m  to payors with respect to this patient and prescription order. This enrollment  Dispense as Written:			lically necessary. Prescriber's Signature (SIGN BELOW) y designated agent in submitting prior authorizations and other clinically required information		
Prescriber Sign	nature Date	Date Prescri		nature	