

# THYROGEN® (thyrotropin alfa) Referral Form



**Preferred Clinic** (select one):

## PATIENT INFORMATION

**Referral Status:**    New Referral    Updated Referral    Referral Renewal

DOB:	Patient Name:	Patient Phone:	
Patient Address:		Patient Email:	
NKDA Allergies:	Weight (lbs/kg):		Height:
ICD-10 Code (required):	ICD-10 Description:	Last Treatment Date:	Last 4 Digits SSN:

## PROVIDER INFORMATION

Referral Coordinator Name:	Referral Coordinator Email:		
Ordering Provider:	Provider NPI:		
Referring Practice Name:	Phone:	Fax:	
Practice Address:	City:	State:	Zip Code:

## NURSING

Infusion to be administered per Vivo protocols.

## LABORATORY ORDERS

CBC            at each dose            every \_\_\_\_\_

CMP            at each dose            every \_\_\_\_\_

CRP            at each dose            every \_\_\_\_\_

OTHER \_\_\_\_\_

## THYROGEN THERAPY ADMINISTRATION

0.9mg intramuscular injection followed by 0.9 mg intramuscular injection 24 hours later

## REQUIRED DOCUMENTATION

**Patient Demographics**

**Insurance Card/Information**

**Progress Notes Supporting DX**

**Medication List and H&P**

## PREMEDICATIONS

acetaminophen (Tylenol)    500 mg    650 mg    1000 mg PO

cetirizine (Zyrtec) 10mg PO

loratadine (Claritin) 10mg PO

diphenhydramine (Benadryl)    25 mg    50 mg    PO    IV

methylprednisolone (Solu-Medrol)    40mg    125mg IV

hydrocortisone (Solu-Cortef)    100mg IV

Other: \_\_\_\_\_

Dose: \_\_\_\_\_ Route: \_\_\_\_\_

\*Consider administering premedication for prophylaxis against infusion reactions and hypersensitivity reactions. \*\*Order is valid for one year unless otherwise noted\*\*

\_\_\_\_\_  
**Provider Name (Print)**

\_\_\_\_\_  
**Provider Signature**

\_\_\_\_\_  
**Date**

**Email Referrals To: [referrals@vivoinfusion.com](mailto:referrals@vivoinfusion.com) OR Fax Below**

**Have a Question? Call (720) 902-4111**

Colorado: 303-418-4679	Michigan: 833-957-2188	New York: 800-540-1852	Texas: 469-340-0044
Connecticut: 203-724-4838	Minnesota: 763-290-0903	Ohio: 216-400-0674	Virginia: 804-500-5941
Florida: 904-930-4211	Nevada: 702-489-5744	Oklahoma: 918-770-4421	Wisconsin: 414-600-5383
Massachusetts: 781-202-1629	New Jersey: 609-955-3711	Pennsylvania: 215-399-9244	

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