

**Borough Park**  
1428 36th Street  
Suite 107  
Brooklyn, NY 11218

**Crown Heights**  
555 Lefferts Avenue  
Brooklyn, NY 11225

**Manhattan**  
57 West 57 Street  
Suite 601  
New York, NY 10019



**Queens**  
64-05 Yellowstone Blvd  
CF104  
Forest Hills, NY 11375

**Riverhead**  
1228 E Main Street  
Suite A  
Riverhead, NY 11901

**Manhasset**  
333 East Shore Road  
Suite 201  
Manhasset, NY 11030

**Rockville Centre**  
165 North Village Avenue  
Suite 133  
Rockville Center, NY 11570

**Manhattan**  
225 East 70th Street  
New York, NY 10021

**Holbrook/Ronkonkoma**  
233 Union Ave  
Suite 207  
Holbrook, NY 11741

**Scarsdale**  
495 Central Park Avenue  
Suite 205  
Scarsdale, NY 10583

**Elmsford/Tarrytown**  
555 Taxter Road  
3rd Floor  
Elmsford, NY 10523



# ORDER FORM TEZESPIRE®

Date: \_\_\_\_\_

## PATIENT INFORMATION

Name:	DOB:	SEX: M <input type="checkbox"/> F <input type="checkbox"/>
Allergies:	Date of Referral:	

## PHYSICIAN INFORMATION

Physician Name*:	Practice Name:
Address:	Office Contact*:
Phone: _____ Fax: _____	Email (for updates): _____

## REFERRAL STATUS

New Referral    Referral Renewal    Medication/Order Change    Benefits Verification Only    Discontinuation Order

## TEZESPIRE\*:

\_\_\_\_\_ Dosing: 210mg subcutaneous every 4 weeks

Physician Signature \_\_\_\_\_ Date (Order is Valid for One Year) \_\_\_\_\_

\*NPI # \_\_\_\_\_

Infusion will be administered per MPP policy and protocols

### ICD 10 Description:

### REQUIRED DOCUMENTATION CHECKLIST:

- \_\_\_\_\_ Patient Demographics
- \_\_\_\_\_ Insurance Card/Information
- \_\_\_\_\_ Clinical/Progress Notes supporting DX
- \_\_\_\_\_ Current Medication List and H&P

Last Infusion/Injection Date: \_\_\_\_\_

### NOTES/ADDITIONAL COMMENTS:

## ORDERING PROVIDER

Signature X \_\_\_\_\_ Date \_\_\_\_\_

Provider \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_