**Fax**

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| TO: |  | from: |  |
| fax: |  | fax: |  |
| phone: |  | phone: |  |
| subject: | Tepezza Referral | date: |  |
| comments | Documents needed to start the authorization process:   * Order sheet * Patient demographics including insurance information * Most recent 2-3 Office Visit Notes * CMP | | |