



Patient Name: _____
Patient Phone: _____

DOB: _____
SEX: M F

Please Attach All Insurance Information, front and back

MEDICAL INFORMATION

Diagnosis: G70.00 Myasthenia Gravis without Exacerbations
G70.01 Myasthenia Gravis with Acute Exacerbation
Other _____

Patients weight: _____
Lab Date: _____
Allergies: _____

ICD-10 _____

ALSO INCLUDE...

- Clinical/ Progress Notes
- Demographics Sheet
- Current Medications
- Labs

VYVGART ORDER

Vyvgart Hytrulo Dose: 1,008mg/ 11,200 units SubQ injection once weekly x4 doses

Frequency: One cycle only
Repeat cycles every 28 days from the last dose for 6 total cycles for one full year
Repeat cycle every 28 days from last dose for _____ total cycles

Date of last Vyvgart Hytrulo Infusion: _____

Additional Comments:

PHYSICIAN INFORMATION

Referring Physician: _____ **Phone:** _____

Practice Address: _____

Office Contact: _____ **Fax:** _____

NPI/ TIN: _____

Referring Physician's Signature _____ **Date:** _____