

ORDER FORM

DEMOGRAPHICS

Patient Name: _____ Name: _____
Address: _____ Address: _____
City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____
DOB: ____/____/____ ☐ Male ☐ Female Phone: _____ Fax: _____
Phone: _____ License#: _____
SSN: _____ Ht: _____ Wt: _____ DEA#: _____ NPI: _____

PRESCRIBING PHYSICIAN

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
License#: _____
DEA#: _____ NPI: _____

ALLERGIES / REACTIONS

Date: _____

PHYSICIAN ORDERS

☐ **VYEPTI 100MG IV EVERY 3 MONTHS** REFILLS: _____

☐ Dilute Vyepti 100mg in Normal Saline 100ml
Infuse over a minimum of 30 minutes

☐ **VYEPTI 300MG IV EVERY 3 MONTHS** REFILLS: _____

☐ Dilute Vyepti 300mg in Normal Saline 100ml
Infuse over a minimum of 30 minutes

☐ **PRE-MEDICATIONS / LABS** REFILLS: _____

☐ Diphenhydramine _____ MG IV 30 minutes before infusion ☐ Solu-Medrol _____ MG IV 30 minutes before infusion

☐ OTHER: _____

☐ LABS: _____ FREQUENCY _____

IV / ACCESS / MAINTENANCE:

☐ Peripheral IV - Flush with Normal Saline 5--10 ml with IV start and before & after medication
☐ Subcutaneous Port - Flush with Normal Saline 10 ml before each bag of medication.

DIAGNOSIS:

☐ G43.09 - Migraine without aura ☐ _____
intractable, without status migrainosus