

REFERRAL STATUS

- NEW REFERRAL
 DOSE/FREQUENCY CHANGE
 ORDER RENEWAL

PATIENT INFORMATION

NAME: _____

DATE OF BIRTH: ____/____/____

PHONE: (____) _____ - _____

ALLERGIES: _____

WEIGHT: _____ LBS HEIGHT: _____ IN

PLEASE ATTACH DEMOGRAPHICS, CLINICALS, AND LABS

PROVIDER INFORMATION

NAME: _____

NPI: _____

SIGNATURE: _____

PHONE: (____) _____ - _____

FAX: (____) _____ - _____

CONTACT PERSON: _____

DATE: ____/____/____ REFILLS: _____

ALL ORDERS ARE VALID FOR ONE YEAR, UNLESS SPECIFIED

MEDICAL INFORMATION (REQUIRED)

TRIED/FAILED MEDICATIONS: _____

MEDICATION ORDERS

- VYEPTI 100MG IV EVERY 3 MONTHS
 VYEPTI 300MG IV EVERY 3 MONTHS

- AIMOVIG 70MG SQ MONTHLY
 AIMOVIG 140MG SQ MONTHLY

- AJOVY 225MG SQ MONTHLY
 AJOVY 675MG SQ EVERY 3 MONTHS

- EMGALITY 240MG SQ ONCE, FOLLOWED BY 120MG SQ MONTHLY
 EMGALITY 120MG SQ MONTHLY
 EMGALITY 300MG SQ MONTHLY

ONLY ONE MEDICATION FROM EACH BOLDDED CATEGORY MAY BE SELECTED

ANTI-HISTAMINES

- BENADRYL 25MG IV
 ATARAX 25MG PO

ANTI-EPILEPTICS

- KEPPRA 1GM IV
 DEPACON 1GM IV

DOPAMINE ANTAGONISTS

- PHENERGAN 12.5MG IV
 REGLAN 10MG IV
 THORAZINE 12.5MG IV
 COMPAZINE 10MG IV

STEROIDS

- SOLUMEDROL _____ MG IV
 DECADRON 4MG IV

PAIN MANAGEMENT

- TORADOL 30MG IV
 MAGNESIUM SULFATE 1GM IV

ADMINISTER FOR _____ CONSECUTIVE DAY(S),
EVERY _____ WEEK(S)

- STANDING PRN ORDER FOR: _____ MONTHS
 PERIPHERAL IV CAN BE LEFT IN UNTIL TREATMENT COMPLETED

DIAGNOSIS

- G43.0 MIGRAINE W/O AURA
 G43.00 MIGRAINE W/O AURA, NOT INTR
 G43.001 MIGRAINE W/O AURA, NOT INTR W/
STATUS MIGRAINOSUS
 G43.011 MIGRAINE W/O AURA, INTR W/
STATUS MIGRAINOSUS
 G43.019 MIGRAINE W/O AURA, NOT INTR
W/O STATUS MIGRAINOSUS
 G43.10 MIGRAINE W/ AURA, NOT INTR
 G43.101 MIGRAINE W/ AURA, NOT INTR W/
STATUS MIGRAINOSUS
 G43.109 MIGRAINE W/ AURA, NOT INTR W/O
STATUS MIGRAINOSUS
 G43.11 MIGRAINE W/ AURA, INTR
 G43.111 MIGRAINE W/ AURA, INTR W/
STATUS MIGRAINOSUS
 G43.119 MIGRAINE W/ AURA, INTR W/O
STATUS MIGRAINOSUS
 G43.40 HEMIPL MIG, NOT INTR
 G43.401 HEMIP MIG, NOT INTR W/ ST MIGR
 G43.409 HEMIP MIG, NOT INTR W/O ST MIGR
 G43.411 HEMIPL MIG, INTR W/ ST MIGR
 G43.419 HEMIPL MIG, INTR W/O ST MIGR

OTHER: _____

ICD-10: _____