

Date: _____ Treatment Location: _____

PROVIDERS: Please include the following to expedite the order.

Most Recent Office Visit Note, Insurance Information, Medication List, Labs, Imaging

Tried and failed medications: Elavil Depakote Botox Topamax Effexor Beta Blocker:

Aimovig Emgality Other:

PATIENT INFORMATION

Patient Name: _____

DOB: _____

Allergies: _____

Weight: _____ lbs / kg Height: _____

Diagnosis: G43 G43.909 G43.90

Other Dx/ICD10: _____

PRESCRIBER INFORMATION

Prescriber's Name: _____

Signature: _____

NPI: _____ Date: _____

Phone: _____ Fax: _____

Office Address: _____

Contact Person: _____

Contact Email: _____

The following medications will be administered per prescribing information:

No Premeds

Center will use Hypersensitivity protocol established by Infusion for Health and P.I

EPTINEZUMAB-JJMT (VYEPTI) DOSAGE:

100 mL 0.9% Sodium Chloride Route: IV

100 mg 300mg Frequency: Every 3 months

To ensure that a brand name product be dispensed, the prescriber must handwrite "Brand Medically Necessary" on prescription form. If not indicated, Infusion for Health is authorized to administer generic or biosimilar.

Please check this box if you **DO NOT** authorize Infusion for Health to order and draw labs indicated for clinical clearance and/or insurance authorization prior to treatment.

Please check this box if you **DO NOT** authorize Infusion for Health to complete a Peer to Peer on behalf of the prescribing provider for an insurance company that denies authorization for treatment.