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## VYEPTI (Eptinezumab-jjmr) Infusion Order

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_

Phone \_\_\_\_\_ Patient Weight \_\_\_\_\_ Height \_\_\_\_\_

\*Please attach demographics, clinic notes and labs (MIDAS, MPFID or HIT-6).

### DIAGNOSIS (Please provide ICD-10 code):

\_\_\_\_\_ Migraine \_\_\_\_\_ (Other)

### PRE-MEDICATION (IF NEEDED):

\_\_\_\_\_ Tylenol 1000mg PO \_\_\_\_\_ Solu-Cortef 100mg IVP \_\_\_\_\_

\_\_\_\_\_ Pepcid 20mg IV PRN \_\_\_\_\_ Benadryl 50mg PRN

### ORDERS/DOSAGE:

\_\_\_\_\_ 100mg IV every three months \_\_\_\_\_ (Other)

PHYSICIAN NOTES: \_\_\_\_\_

ORDERING PROVIDER (Print Name): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_