

**DEMOGRAPHICS** **PRESCRIBING PHYSICIAN**

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

**ALLERGIES / REACTIONS**

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

**PHYSICIAN ORDERS**

**VYEPTI 100MG IV EVERY 3 MONTHS** REFILLS: \_\_\_\_\_

Dilute Vyepti 100mg in Normal Saline 100ml  
 Infuse over a minimum of 30 minutes – Infusion Pump: Sapphire Pump

**VYEPTI 300MG IV EVERY 3 MONTHS** REFILLS: \_\_\_\_\_

Dilute Vyepti 300mg in Normal Saline 100ml  
 Infuse over a minimum of 60 minutes – Infusion Pump: Sapphire Pump

**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:**

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

**DIAGNOSIS:**

**G43.09 - Migraine** \_\_\_\_\_  \_\_\_\_\_  
 without aura, intractable,  
 without status migrainosus