



EPTINEZUMAB-JJMR

(Vyepi)

Order Form

Outpatient Infusion

Patient Name	
DOB	
Address	
Phone	

Order Status	<input type="checkbox"/> New Order <input type="checkbox"/> Renewal <input type="checkbox"/> Dose or Frequency Change
Diagnosis	<input type="checkbox"/> Migraine, prevention <input type="checkbox"/> Other: _____
	Diagnosis Code: _____

Allergies:

Pre-medications

Other: _____

- Vyepi 100mg IV every 3 months
- Vyepi 300mg IV every 3 months
- Other: _____

Infusion Reaction Medications

Hypersensitivity Reaction Protocol will be utilized unless otherwise specified.

Required Documentation

- H&P or progress note supporting diagnosis
- Medication history
- Recent labs (as above) and/or diagnostic test results

Provider (print name):	Date:
Provider Signature:	NPI:
Office Phone:	Office Fax:

OUTPATIENT INFUSION CENTERS

Select an Infusion Center below (check box):

- Glendale Infusion Clinic
6220 W Bell Road, Glendale AZ 85308
- Osborn NSI Infusion Clinic
7242 E Osborn Road Ste 340, Scottsdale AZ 85251
- Pima Infusion Clinic
8405 N Pima Center Parkway Ste 201, Scottsdale AZ 85258

How to Refer:

- Fax the medication order form along with the selected infusion center form and all necessary documentation to central scheduling and call to set up patient information.
 - Central Scheduling Phone: (623) 434-6138
 - Central Scheduling Fax: (602) 331-5765