

Allergy, Asthma & Immunology Center, P.C. Infusion Services

Fax Referrals To: (855) 891-2191 www.aalcenter.net Iftikhar Hussain, MD

Have a Question? (855) 478-1528

VYEPTI™(eptinezumab-jjmr) ORDER FORM (* - Required Fields)		STAT REQUEST (*REASON MUST BE PROVIDED BELOW)				
New Referral Order Rene	ewal _	· · · · · · · · · · · · · · · · · · ·				Locations:
PATIENT IN	FORMAT	ION				dOklahoma
NAME*:	DO		SEX:	М	F	Tulsa
ADDRESS:	PHO	ONE:	•]
WEIGHT: LBS KG HEIGHT: ALLERGIES:	EM	AIL:				-
PHYSICIAN II	NFORMA [*]	TION				
PHYSICIAN NAME*:	PR/	PRACTICE NAME:				1
ADDRESS:	OFF	OFFICE CONTACT*:				
PHONE: FAX:	FAX: EMAIL (FOR UPDATES,					
VYEPTI ORDER*: (SELECT ONE OF THE FOLLOWING) Dosing:100mg IV every 3 months300n Physician Signature*	Date*(Or	y 3 months	ne Year)			
REQUIRED DIAGNOSIS:	1		ered per policy a			<u> </u>
	NEQ.			ON CHEC	ALIST.	_
Migraine			mographics	_4:		
Chronic Migraine w/o Aura			Card/Inform			
Chronic Migraine w/o Aura Intractable	Clinical/Progress Notes supporting DX					
Other Migraine		Current Me	edication Lis	t and H&	ιP	
Menstrual Migraine, Not Intractable						
G43.9 Migraine Unspecified	*STA	T REASON:				
Migraine Unspecified Intractable	(STAT requests will be assessed per MPP policy and					
Other	protoco					
Last Infusion/Injection Date:						
STANDING LAB ORDERS:CMPCBC						
Labs to be drawn by Infusion Center Freque	ency					
NOTES/ADDITIONAL COMMENTS:						
						REVISION DATE- 4/2020