



Phone: (305)306-7147
Fax: (305)402-9559
Email: intake@clearwellinfusion.com

VYEPTI (Eptinezumab-jjmr)

PATIENT DEMOGRAPHICS

Patient Name:

Date of Birth: _____ M: F: Address: _____

Phone: _____ City, State, Zip: _____

Email: _____

Allergies:

PRIMARY DIAGNOSIS

ICD-10 Code:

DOCUMENTATION (PLEASE ATTACH)

Clinical / Progress Notes, Labs, Tests supporting primary diagnosis

Clearwell Infusion Centers will draw maintenance labs unless otherwise directed by Referring Provider

PRE-MEDICATION

| | |
|--|---|
| <input type="checkbox"/> Acetaminophen 1000mg PO | <input type="checkbox"/> Solu-Medrol 125mg IVP |
| <input type="checkbox"/> Diphenhydramine 25mg PO | <input type="checkbox"/> Solu-Cortef 100mg IVP |
| <input type="checkbox"/> Ceterizine 10mg PO | <input type="checkbox"/> Diphenhydramine 25mg IVP |
| <input type="checkbox"/> Loratadine 10mg PO | <input type="checkbox"/> Other: _____ |

PRIMARY MEDICATION ORDER

Dosage

100 mg
 300 mg

Patient Weight:

_____ lbs
_____ kg

Frequency

Every 3 months

NOTES

ORDERING PROVIDER

Provider Name: _____

NPI: _____

Practice Name: _____

Phone: _____

Office Contact: _____

Fax: _____

Practice Address: _____

City, State, Zip: _____

Provider Signature: _____

Date: _____