

MIGRAINE MANGEMENT ORDERS

Status New Therapy Order Renewal Dosage or Frequency Change

Diagnosis ICD 10 Code: _____ Other: _____

Labs Labs to be drawn by: Infusion Clinic Referring Physician
 If Infusion Clinic: _____

- Medication Orders**
- NS 1000mL IV over 1 hour
 - Magnesium sulfate _____ g IVPB
 - Dexamethasone 8mg in 50mL IVPB
 - Methylprednisolone _____ mg IVPB
 - Ondansetron 4mg or _____ mg IVP
 - Diphenhydramine 25mg or _____ mg IVPB
 - Prochlorperazine 10mg IVP
 - Promethazine 25mg or _____ mg IVP
 - Ketorolac 30mg IVP
 - Dihydroergotamine (DHE 45) 1mg in 100mL IVPB
 - Keppra 500mg or _____ mg in 100mL IVPB

Additional Orders

Monitoring Monitor for signs/symptoms of hypersensitivity during infusion and 30 mins post-infusion.
 For any signs of infusion reaction: STOP infusion. Contact on-site provider for instruction.

Physician Information

Physician Name	_____	NPI	_____
Office Contact	_____	Phone	_____
Provider Signature:	_____	Date	_____

REQUIRED DOCUMENTATION	
<input type="checkbox"/> Patient Demographics & Insurance Information:	- Copy of patient's insurance card – front and back
<input type="checkbox"/> Clinical / Progress Notes, supporting primary diagnosis:	- 2 most recent office notes - Medication history
<input type="checkbox"/> Most Recent Labs:	- CMP and CBC

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