



MIGRAINE INFUSION ORDERS

PATIENT INFORMATION

Demographics attached

Patient Name: _____ DOB: _____ Phone: _____

INSURANCE INFORMATION: PLEASE ATTACH COPY OF PRESCRIPTION/MEDICAL CARD(S), FRONT AND BACK

MEDICAL INFORMATION

Diagnosis: Migraine (ICD-10 _____) Other: _____ (ICD-10: _____)

Patient Weight: _____ lbs. Allergies: _____

Clinical/Progress Notes, Labs, Tests supporting primary diagnosis attached

Labs: Required labs to be drawn by: Infusion Clinic Referring Physician

Lab Orders: _____

MIGRAINE ORDERS

Pre-Medications: Reglan 10mg IV Zofran 4mg IV - may repeat x 1 Zofran 8mg IV Solu-Medrol 125 IV

Pepcid 20mg IV Toradol 30mg IV - may does mg BID, at least 6 hours apart
- may receive up to 3 days max

Other: _____

Magnesium Sulfate 1gm IV in 250mL NS over 1hr (1 gram max dose)

DHE 45 0.5mg 1mg IV in 100mL NS (max 2mg in 24^o and/or 6mg/week)
(must pre-medicated for nausea)

Depacon 500mg 750mg IV in 250mL NS over 1 hr

Standing PRN Order: 1 month 2 months 3 months

Max treatment in 7 day period _____

Other Additional: _____

Additional Orders/Comments:

PHYSICIAN INFORMATION

By signing this form and utilizing our services, you are authorizing Paragon Healthcare, Inc. and its employees to serve as your prior authorization and specialty pharmacy designated agent in dealing with medical and prescription insurance companies.

Physician Signature: _____ Date: _____

Physician Name: _____

Phone: _____ Fax: _____ Contact Person: _____

INFUSION CENTER LOCATION

<input type="checkbox"/> Arlington	<input type="checkbox"/> Austin	<input type="checkbox"/> Dallas	<input type="checkbox"/> Houston	<input type="checkbox"/> Knoxville	<input type="checkbox"/> North Hills	<input type="checkbox"/> Plano	<input type="checkbox"/> Round Rock	<input type="checkbox"/> San Antonio	<input type="checkbox"/> Stone Oak
P: 817.200.2530	P: 512.261.4800	P: 972.408.2777	P: 713.860.1755	P: 865-299-7525	P: 817.284.2700	P: 469-974-0565	P: 737-443-5230	P: 210.366.4358	P: 210.485.3700
F: 817.509.0011	F: 512.261.4803	F: 469.913.6894	F: 713.277.7219	F: 865-338-5604	F: 817.284.2701	F: 469-608-2072	F: 737-402-7698	F: 210.366.4896	F: 210.390.1738

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