

# Vyepti Infusion Order

(Eptinezumab-jjmr)

**SMART CHOICE INFUSION**  
FOR YOUR HEALTH & WELLNESS

www.smartchoiceinfusion.com

Ph: 818-659-8182

Fax: 818-659-8990

Date: \_\_\_\_\_

Treatment Location: \_\_\_\_\_

**\*Please fax a copy of the  
following patient information:**

☐ Demographics

☐ Insurance Information

☐ Current CBC & CMP

☐ H & P Relevant to Diagnosis ☐ Current Medications

☐ Tried and Failed Prior Therapy History (5years)

## PATIENT INFORMATION

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Allergies: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs / kg      Height: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

ICD-10: \_\_\_\_\_

## PROVIDER INFORMATION

Printed Provider's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

NPI: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Office Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Pre-Medications Not Usually Indicated.

## VYEPTI(EPTINEZUMAB-JJMR) IV DOSAGE:

Date of Last Treatment, If Continuation:

**100 mL 0.9% Sodium Chloride**

☐ 100mg    ☐ 300mg

**Frequency: Every 3 months**