

Princeton / Somerset New Jersey
49 Veronica Avenue
Suite 202
Somerset, NJ 08873

Long Branch
422 Morris Avenue
Suite 7
Long branch, NJ 07740

Marlton
127 Church Road
Suite 600
Marlton, NJ 08053



Date: _____

MIGRAINE infusion orders

PATIENT INFORMATION		
Name:	DOB:	SEX: M <input type="checkbox"/> F <input type="checkbox"/>
ICD-10 code (required):	ICD-10 description:	
<input type="checkbox"/> NKDA Allergies:	Weight lbs/kg:	

REFERRAL STATUS	
<input type="checkbox"/> New Referral	<input type="checkbox"/> Referral Renewal
<input type="checkbox"/> Medication/Order Change	<input type="checkbox"/> Benefits Verification Only
<input type="checkbox"/> Discontinuation Order	

PHYSICIAN INFORMATION	
Referral Coordinator Name:	Referral Coordinator Email:
Ordering Provider:	Provider NPI:
Referring Practice Name:	Phone: Fax:
Practice Address:	City: State: Zip Code:

DIAGNOSIS *Please provide ICD-10 code*

_____ Migraine Headache

_____ (other)

MIGRAINE ORDERS

ketoralac (Toradol)
 30mg 60mg

magnesium sulfate
 500mg 1000mg

valproate sodium (Depacon)
 250mg 1000mg

dihydroergotamine mesylate (D.H.E 45)
 0.25mg 0.50mg 1mg

ondansetron (Zofran)
 4mg 8mg

dexamethasone (Decadron)
 4mg 10mg 12mg

metoclopramide (Reglan)
 5mg 10mg

Solu-Medrol (methylprednisolone)
 125mg 500mg 1000mg

promethazine (Phenergan)
 12.5mg 25mg

IV FLUID ORDERS

0.9% Sodium Chloride 250ml 500ml 1000ml

Give over _____ hours Give as bolus

5% Dextrose 250ml 500ml 1000ml

Give over _____ hours Give as bolus

NOTES/ADDITIONAL COMMENTS:

ORDERING PROVIDER

Signature X _____ Date _____

Provider _____ Phone _____ Fax _____