

Patient Information		
Patient Name:	Patient DOB:	
Referral Status		
<input type="checkbox"/> New Referral <input type="checkbox"/> Restart/Continuation <input type="checkbox"/> Medication/Order Change <input type="checkbox"/> D/C Infusions		
Diagnosis and ICD 10 Code		
<input type="checkbox"/> Diagnosis:	ICD 10 Code:	
<input type="checkbox"/> Diagnosis:	ICD 10 Code:	
<input type="checkbox"/> Diagnosis:	ICD 10 Code:	
Supporting Documentation		
<input type="checkbox"/> Patient demographics	<input type="checkbox"/> Clinical/Progress notes supporting primary diagnosis	
<input type="checkbox"/> Copy of patient insurance card(s) – front & back	<input type="checkbox"/> Labs and tests including baseline liver function test	
<input type="checkbox"/> Tried and Failed therapies	<input type="checkbox"/> Current Medication List	
Medication Orders		
<input type="checkbox"/> Vyepti™ (eptinezumab-jjmr) – 100 mg dose (1-100 mg vial) IV over 30 minutes every 3 months		
<input type="checkbox"/> Vyepti™ (eptinezumab-jjmr) – 300 mg dose (3-100 mg vial) IV over 30 minutes every 3 months		
Premedication		
<input type="checkbox"/> Acetaminophen (PO): <input type="checkbox"/> 500mg, <input type="checkbox"/> 650mg, <input type="checkbox"/> 1,000mg OR Ibuprofen (PO): <input type="checkbox"/> 200mg, <input type="checkbox"/> 400mg, <input type="checkbox"/> 600mg <input type="checkbox"/> Loratadine 10mg (PO) OR <input type="checkbox"/> Diphenhydramine (PO): <input type="checkbox"/> 25mg, <input type="checkbox"/> 50mg <input type="checkbox"/> Famotidine 20mg (PO) prior to methylprednisolone <input type="checkbox"/> Methylprednisolone IV: <input type="checkbox"/> 125mg, <input type="checkbox"/> 250mg, <input type="checkbox"/> 500mg, <input type="checkbox"/> 1,000 mg, <input type="checkbox"/> Other: _____ mg <input type="checkbox"/> Hydrocortisone Sodium Succinate (Solu Cortef) 100 mg IVP <input type="checkbox"/> Other (medication, dose, route, and frequency): _____		
Labs		
<input type="checkbox"/> CMP – frequency: _____ <input type="checkbox"/> BMP – frequency: _____ <input type="checkbox"/> HIV – frequency: _____ <input type="checkbox"/> CBC w/o diff - frequency: _____ <input type="checkbox"/> CBC w/diff - frequency: _____ <input type="checkbox"/> CBC w/man diff - frequency: _____ <input type="checkbox"/> Serum Quantitative Immunoglobulins – frequency: _____ <input type="checkbox"/> QuantiFERON TB Gold Plus – frequency: _____ <input type="checkbox"/> Stratify™ JCV Antibody (w/ Index) w/ Reflex to Inhibition Assay - frequency: _____ <input type="checkbox"/> Lymphocyte Subset Panel 1 – frequency: _____ <input type="checkbox"/> Urine pregnancy test prior to each infusion <input type="checkbox"/> Hepatitis B Core Antibody - frequency: _____ <input type="checkbox"/> Other labs and frequency: _____ <input type="checkbox"/> Hepatitis Panel, Acute - frequency: _____		
Notes (Additional Info)		
Adverse and anaphylactic reactions and post infusion will be treated per Gamma Therapeutic Center protocol.		
Prescriber Information		
Prescriber Name:	NPI #:	
Office Contact:	Office Phone:	Office Fax:
Prescriber Signature:	Date: (Order valid for one year)	
My signature for this prescription also confirms that the treatment(s) indicated on this referral is/are medically necessary. I authorize Gamma Therapeutic Center and its representatives to act as an agent of mine to initiate and execute the patient's insurance prior authorization process and to provide infusion-related nursing services and supplies in conjunction with the therapy prescribed above.		
We will contact the patient and schedule their treatment once our benefit investigation and any prior authorizations have been completed.		

Confidentiality statement: This message is intended only for the individual or institution to which it is addressed. This may contain information, which is confidential, privileged, and/or proprietary. This information may be exempt from disclosure under applicable laws including but not limited to HIPAA. If you are not the intended recipient, please note you are strictly prohibited from distributing, copying, or disseminating this information. If you received this information in error, please notify the sender noted above and destroy all transmitted material.