

- Borough Park**  
1428 36th Street  
Suite 107  
Brooklyn, NY 11218
- Crown Heights**  
555 Lefferts Avenue  
Brooklyn, NY 11225
- Manhattan**  
57W 57Street  
Suite 601  
New York, NY 10019
- Manhasset**  
333 East Shore Road  
Suite 201  
Manhasset, NY 11030
- Rockville Centre**  
165 North Village Avenue  
Suite 133  
Rockville Center, NY 11570
- Elmsford/Tarrytown**  
555 Taxter Road  
3rd Floor  
Elmsford, NY 10523



- Manhattan**  
225 E 70th Street  
Suite 1E  
New York, NY 10021
- Queens**  
64-05 Yellowstone Blvd  
CF104  
Forest Hills, NY 11375
- Manhattan**  
225 East 70th Street  
New York, NY 10021
- Holbrook/Ronkonkoma**  
233 Union Ave  
Suite 207  
Holbrook, NY 11741
- Scarsdale**  
495 Central Park Avenue  
Suite 205  
Scarsdale, NY 10583
- 5 Towns**  
141 Washington Avenue  
Cedarhurst, NY 11559
- Long Beach**  
917 Beech Street  
Long Beach, NY 11561
- Riverhead**  
1228 E Main Street  
Suite A  
Riverhead, NY 11901

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

# MIGRAINE infusion orders

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_

Phone \_\_\_\_\_ M  F

NPI \_\_\_\_\_ Tax ID \_\_\_\_\_  Allergies \_\_\_\_\_

Insurance Carrier (primary) \_\_\_\_\_

Insurance Carrier (secondary) \_\_\_\_\_

## REFERRAL STATUS

- New Prescription
- Order Renewal
- Does or Frequency Change
- Discontinuation

## DIAGNOSIS *Please provide ICD-10 code*

- \_\_\_\_\_ Migraine Headache
- \_\_\_\_\_ (other)

## MIGRAINE ORDERS

<b>ketoralac</b> (Toradol) <input type="radio"/> 30mg <input type="radio"/> 60mg	<b>dexamethasone</b> (Decadron) <input type="radio"/> 4mg <input type="radio"/> 10mg <input type="radio"/> 12mg
<b>magnesium sulfate</b> <input type="radio"/> 500mg <input type="radio"/> 1000mg	<b>metoclopramide</b> (Reglan) <input type="radio"/> 5mg <input type="radio"/> 10mg
<b>valproate sodium</b> (Depacon) <input type="radio"/> 250mg <input type="radio"/> 1000mg	<b>Solu-Medrol</b> (methylprednisolone) <input type="radio"/> 125mg <input type="radio"/> 500mg <input type="radio"/> 1000mg
<b>dihydroergotamine mesylate</b> (D.H.E 45) <input type="radio"/> 0.25mg <input type="radio"/> 0.50mg <input type="radio"/> 1mg	<b>promethazine</b> (Phenergan) <input type="radio"/> 12.5mg <input type="radio"/> 25mg
<b>ondansetron</b> (Zofran) <input type="radio"/> 4mg <input type="radio"/> 8mg	<b>Other Medication:</b> _____ <b>Dosage:</b> _____

## IV FLUID ORDERS

<b>0.9% Sodium Chloride</b> <input type="radio"/> 250ml <input type="radio"/> 500ml <input type="radio"/> 1000ml <input type="radio"/> Give over _____ hours <input type="radio"/> Give as bolus	<b>5% Dextrose</b> <input type="radio"/> 250ml <input type="radio"/> 500ml <input type="radio"/> 1000ml <input type="radio"/> Give over _____ hours <input type="radio"/> Give as bolus
---	--

## NOTES

## ORDERING PROVIDER

Signature X \_\_\_\_\_ Date \_\_\_\_\_

Provider \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_