

**TwelveStone Health Partners**

Fax Referral To: (615) 278-3355

Direct Phone: (844) 893-0012

Email: intake@12stonehealth.com

**VYEPTI ORDER FORM**

Date: \_\_\_\_\_ ICD-10 Code:  G43. \_\_\_\_\_  Other: \_\_\_\_\_  
 Patient Name: \_\_\_\_\_ Allergies: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs OR \_\_\_\_\_ kg

**THERAPY STATUS**

New Start  Continuing Therapy: \_\_\_\_\_ Last Dose: \_\_\_\_\_

**PROVIDER INFORMATION**

Ordering Provider: \_\_\_\_\_ Provider Fax: \_\_\_\_\_  
 Provider NPI: \_\_\_\_\_ Provider Address: \_\_\_\_\_  
 Provider Phone: \_\_\_\_\_

**MEDICATION ORDER****Vyepti**

Infuse \_\_\_\_\_ mg IV over 30 minutes every 3 months.

Refills for one year from date of signature unless indicated below.

\_\_\_\_\_ Refills

**PRE-MEDICATIONS****Oral**

- Acetaminophen: \_\_\_\_\_ 325mg \_\_\_\_\_ 500mg \_\_\_\_\_ 650mg
- Loratadine: 10mg
- Cetirizine: 10mg
- Diphenhydramine: \_\_\_\_\_ 25mg \_\_\_\_\_ 50mg
- Famotidine: \_\_\_\_\_ 20mg \_\_\_\_\_ 40mg
- Ibuprofen: \_\_\_\_\_ 200mg \_\_\_\_\_ 400mg \_\_\_\_\_ 600mg
- Ondansetron: \_\_\_\_\_ 4mg \_\_\_\_\_ 8mg
- Other: \_\_\_\_\_

**IV**

- Dexamethasone: \_\_\_\_\_ 4mg \_\_\_\_\_ 8mg
- Diphenhydramine: \_\_\_\_\_ 25mg \_\_\_\_\_ 50mg
- Famotidine: \_\_\_\_\_ 20mg \_\_\_\_\_ 40mg
- Methylprednisolone: 125mg
- Hydrocortisone: 100mg
- Ondansetron: \_\_\_\_\_ 4mg \_\_\_\_\_ 8mg
- Other: \_\_\_\_\_

**LAB ORDERS** (please indicate any labs to be drawn and frequency)**OTHER REQUIRED DOCUMENTATION**

(Please fax this signed order form, along with the following documents to 800-223-4063)

- History & Physical, Last Office Visit Note
- Patient Demographics and Insurance Information
- Medication List
- Recent Lab Work

\*\*Surveillance lab ordering and monitoring is the responsibility of the prescriber\*\*

By signing below, I certify that the above therapy is medically necessary. **Prescriber's Signature (SIGN BELOW)**

Dispense as Written:

Substitution Allowed:

Prescriber Name \_\_\_\_\_

Date \_\_\_\_\_

Prescriber Name \_\_\_\_\_

Date \_\_\_\_\_