



Houssam Al Kharrat
Gastroenterology

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VYEPTI (eptinezumab-jjmr)

Name: _____ DOB: _____ M F

Phone #1 : _____ (H/W/C) Phone #2: _____ (H/W/C)

Allergies: _____

Diagnosis: Chronic Migraines Episodic Migraines
 Other: _____

ICD-10 Code: _____

Patient Weight _____ lbs
_____ kg

VYEPTI ORDERS

- 100mg IV every 3 months
- 300mg IV every 3 months
- Refill for: 6 months 1 year Other: _____

NOTES

ORDERING PROVIDER

Signature X _____ Date _____

Provider _____ Phone _____ Fax _____

Please FAX: Medication Order Demographics Clinicals Labs X-Rays
to 1-806-302-1241 (must dial "1")