UBRELVY REFERRAL FORM Fax: 270-247-6033 or 270-251-3571



317 W. Broadway Mayfield, KY 42066

Phone: 270-247-3725

Today's Date:		Need	ds by Date:	Ship to: □Patient □Office □Other:	•			
Patient Information				Prescriber Information	Prescriber Information			
Patient Name:				Prescriber Name:	Prescriber Name:			
Address:				Address:	Address:			
City, State, Zip:				City, State, Zip:	City, State, Zip:			
Home & Cell #:				DEA #: State Lic#:	DEA #: State Lic#:			
SSN:				NPI#:	NPI#:			
DOB: Sex:				Phone: Fax:	Phone: Fax:			
Drug Allergies:				Contact Person:	Contact Person:			
INSURANCE INFORMATION: Please fax front & back copy of Medical & Prescription card(s) if possible:								
Clinical Information—Statement Of Medical Necessity								
Diagnostic Information & Prior Treatment History								
	ICD-10 code: G	43 Dia	gnosis: Migraine					
	ICD-10 code: G43.0 Diagnosis: Migraine without Aura			without Aura				
	ICD-10 code: G43.1 Diagnosis: Migraine with Aura							
	□ ICD-10 code: G43.9 Diagnosis: Migraine Unspecified							
	☐ ICD-10 code: Diagnosis:							
	PREVIOUS MEDICATION(S)			DATES of USE	DATES of USE			
Prescription Information								
√	MEDICATION	ION DOSAGE		DIRECTIONS	ΩΤΥ	REFILLS		
	UBRELVY	50mg		Take 1 tablet, by mouth, as needed for migraines. If needed, a second dose may be taken at least 2 hours after the initial dose. *Do not exceed 200mg in 24-hour period.*	10			
	UBRELVY 100mg		00mg	Take 1 tablet, by mouth, as needed for migraines. If needed, a second dose may be taken at least 2 hours after the initial dose. *Do not exceed 200mg in 24-hour period.*	10			
				20 Hot officed 200 High Fill Hour portion	Revised Da	te: 03/06/2020		