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



1522 Cuba Road Mayfield, KY 42066

Phone: 270-247-3725

| Today's Date: Needs by Date: | | | ds by Date: | Ship to: | Ship to: ☐Patient ☐Office ☐Other: | | | | |
|--|--|-----------|-----------------------------------|--|-----------------------------------|---|-----|---------|--|
| Patient Information | | | | Prescribe | Prescriber Information | | | | |
| Patient Name: | | | | Prescriber | Prescriber Name: | | | | |
| Address: | | | | Address: | Address: | | | | |
| City, State, Zip: | | | | City, State | City, State, Zip: | | | | |
| Home & Cell #: | | | | DEA #: | DEA #: State Lic#: | | | | |
| SSN: | | | | NPI#: | NPI#: | | | | |
| DOB: Sex: | | | | Phone: | Phone: Fax: | | | | |
| Drug A | Allergies: | | | Contact Po | 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: G43 Diagnosis: Migraine | | | | | | | | |
| | CD-10 code: G43.0 Diagnosis: Migraine without Aura | | | | | | | | |
| | CD-10 code: (| G43.1 Dia | 3.1 Diagnosis: Migraine with Aura | | | | | | |
| ☐ ICD-10 code: G43.9 Diagnosis: Migraine Unspecified | | | | | | | | | |
| ☐ ICD-10 code: Diagnosis: | | | gnosis: | | | | | | |
| PREVIOUS MEDICATION(S) | | | | D | DATES of USE | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Prescription Information | | | | | | | | | |
| ✓ | ✓ MEDICATION DOSAGE | | | • | IRECTIONS | | QTY | REFILLS | |
| | UBRELVY | | | ke 1 tablet, by mouth, as needed for migraines. If needed, a cond dose may be taken at least 2 hours after the initial dose. *Do not exceed 200mg in 24-hour period.* | | | 10 | | |
| | UBRELVY | | Take 1 tak 100mg second do: | | needed for migr | aines. If needed, a ter the initial dose. | 10 | | |
| | Revised Date: 03/06/2020 | | | | | | | | |

Revised Date: 03/06/20