



MEDICA HEALTHCARE SERVICES
INJECTIONS AND INFUSION SPECIALTY
CHRONIC & RARE DISEASES



VYEPTI Medication Order Form

Patient Name: _____ DOB: _____

Phone Number: _____ ☐ Male ☐ Female

DIAGNOSIS please provide ICD-10 code _____

☐ NKDA Allergies: _____

☐ New Start Therapy ☐ Continuation of Therapy Date of last dose (if applicable): _____

TRIED AND FAILED MEDICATIONS

In the past year, what medications for the above
Diagnosis has the patient tried and failed?

REQUIRED LABS

☒ Clinical/Progress Notes, Labs, Tests supporting
primary diagnosis (please attach)

VYEPTI ORDERS

☒ Vyepti diluted in 100ml 0.9% sodium chloride intravenous infusion administered over 30 minutes

☐ 100mg OR ☐ 300mg

FREQUENCY:

☒ Every 3 months

Notes: _____

REFILLS

☐ _____
(if not indicated prescription will expire one
year from date signed)

Medica Infusion Standing Orders:

☒ Provide treatment under Infuse One's Clinical Guidelines, Medication Safety Protocol, Emergency
Guidelines, and Action Plan for Infusion Reactions.

PRESCRIBER INFORMATION

Signature: _____ Date: _____

Provider's name: _____ Fax: _____

Physician NPI: _____ Physician's DEA: _____

PLEASE SELECT PREFERRED PATIENT LOCATION:

- ☐ 105 Commerce St, # 109, Lake Mary, FL 32746
- ☐ 4850 W Oakland Park Blvd, #104, Lauderdale Lakes, FL 33313
- ☐ 3401 PGA Blvd, STE 540, Palm Beach Gardens, FL 33410
- ☐ 5210 Linton Blvd, STE 207, Delray Beach, FL 33484
- ☐ 3654 SW 30th Ave, Palm City, FL 34990

PLEASE FAX ORDER TO:

Fax: 561-207-7848

Phone: 689-488-1430
info@medicainfusion.com
www.medicainfusion.com