Revitalize Infusion Center
885 Liberty Road Suite 300 Flowood, MS 39232
1067 Highland Colony Parkway Suite G Ridgeland, MS 39157
Phone: 601-213-0069 Fax: 601-714-1569

Patient Name _____ DOB _____

Allergies _____

Diagnosis ☐ G43 Migraine ☐_____ Migraine

****REQUIRED INFORMATION****

- ☐ This signed order from the provider
- ☐ Patient demographics & insurance information
- ☐ Clinical/Progress Notes, Labs, Tests supporting primary diagnosis

MIGRAINE ORDER FORM

☐ Benadryl 25mg IV ☐ Benadryl 50mg IV

☐ Compazine 10mg IV ☐ Compazine 25mg IV

☐ Decadron 4mg IV ☐ Decadron 8mg IV ☐ Decadron 12mg IV

☐ Depacon 500mg IV ☐ Depacon 1000mg IV

☐ Magnesium Sulfate 500mg IV ☐ Magnesium Sulfate 1000mg IV

☐ Reglan 10mg IV

☐ Robaxin 500mg IV ☐ Robaxin 750mg IV

☐ Solu-Medrol 125mg IV

☐ Toradol 30mg IV

☐ Normal Saline 0.9% 250mL IV ☐ 500mL IV ☐ 1000mL IV

☐ Give over ____ hours ☐ Give as bolus

☐ Other _____

Prescriber's Signature _____ Date _____

Prescriber's Name _____ Phone _____ Fax _____