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## Migraine Cocktail Order Form

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ ICD-10 Diagnosis: \_\_\_\_\_

**\*\*All medications will be administered IV push/piggyback as appropriate unless otherwise specified**

Benadryl (diphenhydramine)	<input type="checkbox"/> 12.5 mg	<input type="checkbox"/> 25 mg
Reglan (metoclopramide)	<input type="checkbox"/> 5 mg	<input type="checkbox"/> 10 mg
Magnesium sulfate	<input type="checkbox"/> 1 gram	
Dihydroergotamine (DHE)	<input type="checkbox"/> 1 mg	
Decadron (dexamethasone)	<input type="checkbox"/> 5 mg	<input type="checkbox"/> 10 mg
Toradol (ketorolac)	<input type="checkbox"/> 15 mg	<input type="checkbox"/> 30 mg
Robaxin (methocarbamol)	<input type="checkbox"/> 200 mg	
Depacon (valproic acid)	<input type="checkbox"/> 500 mg	<input type="checkbox"/> 1000 mg
Keppra (levetiracetam)	<input type="checkbox"/> 500 mg	<input type="checkbox"/> 1000 mg
Zofran (ondansetron)	<input type="checkbox"/> 4 mg	<input type="checkbox"/> 8 mg
Other:	_____	

**\*\*\*Urine Hcg will be performed prior to treatment with DHE or Depacon in females when indicated**

Frequency: Daily / Every other Day x \_\_\_\_\_ doses (maximum \_\_\_\_ doses / month)

Other frequency: \_\_\_\_\_ End Date (required) \_\_\_\_\_

Prescriber Printed Name: \_\_\_\_\_

Prescriber Full Address: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_ Office Fax Number: \_\_\_\_\_

Prescriber Signature: \_\_\_\_\_ Date: \_\_\_\_\_