Trudhesa™
(dihydroergotamine mesylate) nasal spray
0.725 mg per spray

Carepoint™
a Specialty Pharmacy

NCPDP 1487330

Prescription Order Form

Fax: (855) 237-9113
Toll free: (855) 237-9112

PATIENT INFORMATION

Name _____ Date of Birth _____

Street Address _____

City _____ State _____ Zip _____

Best Daytime Phone _____ Mobile Phone _____

Diagnosis/ICD10 Code (Optional) _____

Past Tried/Failed Meds _____

Insurance Type ☐ Commercial Insurance ☐ Medicare ☐ Medicaid
☐ No Insurance (Cash) ☐ Other _____

PRESCRIPTIONS

Medication	Strength	QTY	Directions	Form (cap, tab, etc.)	Refills
Trudhesa™	0.725 MG/ACT (1.45mg/dose)	4	Use 1 spray in each nostril as needed at the onset of migraine. May repeat in 1 hour. Maximum 2 doses per day. Maximum 3 doses per 7 days.	NS (Nasal Spray)	

PRESCRIBER INFORMATION

Signature _____ Date _____

Name _____ DEA/NPI _____

Address _____

City _____ State _____ Zip _____

Phone _____ Phone Ext. _____ Fax _____

Office Contact _____ Email _____

PLEASE ATTACH COPY OF INSURANCE CARD (FRONT & BACK)

Carepoint • Phone (855) 237-9112 • Fax (855) 237-9113