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

phil
NCPDP 0364668

Prescription Order Form

Fax: (855) 494-1548
Toll free: (855) 588-0387

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)

eRx: Phil AZ

14500 N. Northsight Blvd. Ste 314, Scottsdale, AZ 85260/ Ph: (855) 588-0387 Fax: (855) 494-1548

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