

Physician Supplied Emergency Treatment Information:

Below, is information to assist you in treating my patient:

for this severe Migraine episode. As you know, Migraine Disorder is a recurrent, episodic neurological disease. Some episodes can require treatment beyond the medications the patient currently has at home. This patient is neither a substance abuser nor a "drug seeker," but may need opioids, IV infusion, or other medications not available for use at home to treat this episode.

Patient Information:

Date of diagnosis: _____ Date of last appointment: _____

Current Migraine preventive medication(s): _____

Current Migraine abortive and/or pain medication(s): _____

Complicating factors, medication allergies: _____

Medications I recommend for this patient in an emergency situation:

Thank you for treating my patient. It is often very difficult for Migraine patients to receive adequate care offered with dignity and respect because of others who go to emergency departments and after-hours care facilities, feigning symptoms to obtain narcotics. I assure you such is not the case with this patient.

Physician's Signature

Date

Physician's Name (Printed)

Office Address

Office Phone