

Date _____

Dear _____,
Patient's First and Last Name

I'm writing to let you know some important news— _____
Name of Practice/Infusion Center
is able to administer FDA-approved VYEPTI® (eptinezumab-jjmr).

If you have any questions about how we can help, please do not hesitate to contact me at the information below.

Sincerely,

Physician's Signature

Physician's Name

Name of Practice/Infusion Center

Practice/Infusion Center Address

Practice/Infusion Center Phone Number



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