

**Botulinum Toxin Referral Form**
**DATE:** \_\_\_\_\_ **NEEDS BY DATE:** \_\_\_\_\_ **SHIP TO (circle one) PATIENT HOME or MD OFFICE or OTHER** \_\_\_\_\_

**PATIENT INFORMATION**

 Patient Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, ZIP \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
 Social Security Number \_\_\_\_\_

**PRESCRIBER INFORMATION**

 Prescriber Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State ZIP \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 DEA # \_\_\_\_\_ NPI \_\_\_\_\_

**INSURANCE INFORMATION: (Please send over a copy of the front and back of insurance and prescription cards)**

<b>CLINICAL INFORMATION – Diagnosis</b>	333.6 Genetic Torsion Dystonia	333.79 Other acquired Torsion Dystonia
333.81 Blepharospasm	333.82 Orofacial Dyskinesia	333.83 Spasmodic Torticollis
333.84 Organic Writers Cramp	342.11 Spastic hemiplegia aff/dom side	346.71 Chronic migraine w/o aura
351.9 Facial Nerve Disorder	378.73 Strabismus in other NM disorders	705.21 Primary focal hyperhidrosis
784.42 Dysphonia	Other: _____	

**→ For Hyperhidrosis** – 1. Onset age? \_\_\_\_\_ 2. Bilateral & Symmetric? Y / N 3. Sweat during sleep? Y / N 4. Family History? Y / N  
 5. Significantly impair daily activities? Y / N

**→ For Migraines** – 1. Frequency of migraine ≥ 15 days per month? Y / N 2. Headache last ≥ 4 hours per day? Y / N

**Previous and Current medications/therapies in relation to diagnosis:**

Drug Name	Dates	Duration	Outcome:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PRESCRIPTION INFORMATION**

MEDICATION	STRENGTH	SIG	QTY	REFILLS
Botox	100u	_____	_____	_____
Botox	200u	_____	_____	_____
Xeomin	50u	_____	_____	_____
Xeomin	100u	_____	_____	_____
Dysport	500u	_____	_____	_____
Myobloc	2500u	_____	_____	_____
Myobloc	5000u	_____	_____	_____
Myobloc	10000u	_____	_____	_____
<b>Other</b>				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Prescriber Signature \_\_\_\_\_ Date \_\_\_\_\_ Dispense As Written? (Please write DAW) \_\_\_\_\_