

Physician Request Form Myobloc® or Botox®

Fax non-urgent requests to PerformRx Pharmacy Services at **866-369-6041** or urgent requests to **866-533-5497**. Urgent requests should be reserved for those situations in which applying the standard procedure may seriously jeopardize the enrollee's life, health, or ability to regain maximum function. To speak to a representative, call **866-369-6037**. *Form must be completed for processing.*



Patient Name: _____ Plan ID#: _____
Address: _____ Apt # or Suite #: _____
City: _____ State: _____ Zip Code: _____
Phone #: _____ Height: _____ Weight: _____ lbs = _____ Kg Birth Date: _____

Physician Name: _____ NPI #: _____
Address: _____ Apt # or Suite #: _____
City: _____ State: _____ Zip Code: _____
Contact Person: _____ Phone #: _____ Fax #: _____
Physician Signature: _____ Date: _____

To be Administered from: _____ to _____ or on: _____

Is the member/patient currently residing in a Long-Term Care (LTC) facility? (please check) Yes No

Diagnosis: _____ ICD-9 Diagnosis Code: _____

Select Botulinum Toxin: Botox (Botulinum A) Myobloc (Botulinum B) Total Dose: _____

Sig (How Administered): _____

Please indicate dosage administered at each site or attach documentation of doses and sites injected.

<u>Injection Site</u>	<u>Approximate Dose</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Comments or additional information:

Note: Delivered by PerformRx Specialty Pharmacy Provider Only. Delivered Directly to the Physician's Office

Deliver to Physician's Office Other _____

All information requested on this form must be complete.

