

## AccessLink Botox Prescription Form

### Patient Information

**Name:** \_\_\_\_\_ **DOB (DD/MM/YYYY):** \_\_\_\_/\_\_\_\_/\_\_\_\_ **PHN:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Allergies:** \_\_\_\_\_

**Home #:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Insurance Name:** \_\_\_\_\_ **Group ID:** \_\_\_\_\_ **Certificate ID:** \_\_\_\_\_

**Patient to be initially contacted via:** ☐ call ☐ email      **Best time to reach patient:** ☐ morning ☐ afternoon ☐ evening

☐ Patient has consented to AccessLink's receipt, use and disclosure of their personal information for the purpose of i) drug reimbursement, ii) pharmacy and iii) clinical services.

☐ Verbal Consent Received by: \_\_\_\_\_ Date of consent: \_\_\_\_\_

### Prescription

#### **BOTOX THERAPEUTIC (Botulinum Toxin type A)**

For Injection at an interval as directed by the physician

**Quantity:** \_\_\_\_\_ (50 units per vial)      **Indication:** \_\_\_\_\_

                         \_\_\_\_\_ (100 units per vial)

                         \_\_\_\_\_ (200 units per vial)

**Repeats:** \_\_\_\_\_

**List or attach any previously tried medications (dose, duration, outcome):**

### Shipping Information

**Deliver to office:**

☐ Next Appointment Date: \_\_\_\_\_

### Prescriber Info and Authorization

**Clinic Contact:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Prescriber Name:** \_\_\_\_\_ **License #:** \_\_\_\_\_

**Prescriber Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_