



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: _____

Prescriber Certification.

This prescription represents the original of the prescription drug order.
 The pharmacy address noted above is the only intended recipient and there are no others.
 The original prescription has been invalidated and securely filed, and it will not be transmitted elsewhere at another time.