Tel: 1-888-398-0028 | Fax: 1-855-278-5182
Email: accesslink@bioscript.ca

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)

______________ (100 units per vial)

______________ (200 units per vial)

Repeats: ______________

Indication: [ ] Chronic Migraine

[ ] Patient experiences over 15 headache days/month lasting longer than 4 hours/day.

[ ] Other: ______________________

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.