

Physician Request Form Myobloc®, Dysport®, or Botox®

Fax non-urgent requests to PerformRx Pharmacy Services at 877-693-8280 or urgent requests to 877-693-8476. Urgent requests should be reserved for situations in which the standard procedure may seriously jeopardize the enrollee's life, health, or ability to regain maximum function. To speak to a representative, call 800-578-0898. 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: _____

LTC member Yes No, Date Admitted _____

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

Diagnosis: _____

ICD-9 Diagnosis Code: _____

Select Botulinum Toxin: Botox (Botulinum A) Myobloc (Botulinum B) Dysport (AbobotulinumtoxinA)

Total Dose: _____

Sig (How Administered): _____

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

Injection Site

Approximate Dose

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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 _____

