

**Physician Request Form Myobloc® or Botox®**

Fax non-urgent requests to PerformRx Pharmacy Services at **866-369-6038** or urgent requests to **866-533-5491**. 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 866-533-5490. *Form must be completed for processing.*



Patient Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs = \_\_\_\_\_ Kg

Plan ID#: \_\_\_\_\_  
Apt # or Suite #: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Birth Date: \_\_\_\_\_

Physician Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

NPI #: \_\_\_\_\_  
Apt # or Suite #: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
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 \_\_\_\_\_