Physician Request Form Myobloc®, Botox®, or Dysport®
Fax to Pharmacy Services at **855-811-9332**, or to speak to a Representative, call **888-602-3741**. *Form must be completed for processing.*

Patient Name: ____________________ Patient ID#: ____________________

Address: ____________________ Apt # or Suite #: ____________________

City: ____________________ State: __________ Zip Code: ____________________

Phone #: __________ Height: ________ Weight: ________lbs = _________Kg Birth Date: ____________________

Physician Name: ____________________ License #: ____________________

Address: ____________________ Apt # or Suite #: ____________________

City: ____________________ State: __________ Zip Code: ____________________

Contact Person: ____________________ Phone #: __________ Fax #: ____________________

Physician Signature: ____________________ Date: ____________________

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

Diagnosis: ____________________ ICD-9 Diagnosis Code: ____________________

Select Botulinum Toxin: ☐ Botox (Botulinum A) ☐ Dysport (Abobotulinumtoxin A) ☐ Myobloc (Botulinum B)

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:

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Note: Delivered by AmeriHealth Caritas District of Columbia Specialty Pharmacy Provider Only. Delivered directly to the Physician's Office

☐ Deliver to Physician's Office ☐ Other ____________________

All information requested on this form must be complete. Missing information may result in denial or unnecessary delays in authorization.