



PH: 877-246-9104
FAX to: (888) 963-8122

Tetrabenazine Order Form

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BioTek reMEDys Pharmacy Services:

- Prior Auth Services
- Bridge Therapy Provided
- Assistance Programs
- Patient Counseling Services
- Compliance Programs

BioTek reMEDys has made it convenient for you and your patients who require treatment with Tetrabenazine

Patient Information

Patient Name: _____ DOB: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____ Alt Phone: _____

Physician Information

Name: _____ Specialty: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

DEA: _____ NPI: _____

******* Please send patients face sheet & clinical to facilitate authorization**

Clinical Information

CYP2D6 Genotype Testing Results if known

Diagnosis:

- HD G10
- TD G24.01
- Dystonia G24.9
- Other _____

Prescription Information

DATE: _____

Please Check: () Tetrabenazine 12.5 mg Tablets

() Tetrabenazine 25mg Tablets

Week 1 _____

Week 2 _____

Week 3 _____

Week 4 _____

Quantity: 30 Days _____ 90 days _____ Refills _____

Maintenance: () Tetrabenazine 25mg Tablets

Directions: Sig: _____

Quantity: 30 Days _____ 90 days _____ Refills _____

PHYSICIAN'S SIGNATURE:

DATE: