

Tetrabenazine Prescription/Pharmacy Transfer Information



Call: 1-877-246-9104
Fax: 1-888-963-8122

What is your primary Diagnosis for Tetrabenazine?

Best number to reach you? _____

SSN: _____ DOB: _____

Please fill out the information below. If you are unsure, please indicate Unknown.

Demographic Information

Patient Name	Phone Number (alternate)
Street Address	Ordering Physician Name
City	Physician Phone Number
State Zip	
Primary Insurance: Phone Number	Secondary Insurance Phone Number
ID Number:	ID Number:
Grp Number:	Grp Number:

Therapy Information

Current Pharmacy	Current Dose

Pertinent Information

THERE IS ASSISTANCE OUT THERE FOR YOU!!!

Have you had problems paying for your Tetrabenazine in the past? We would love to help! Please provide a brief description so we can review all option with you!
