BioTek reMEDys

WWW.Biotekrx.com

Tetrabenazine Order Form

Phone: (877) 246-9104
Fax: (888) 963-8122

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

PATIENT INFORMATION	PATIENT INFORMATION
Patient Name: _____ DOB: _____	Name: _____ Specialty: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Phone: _____	Phone: _____ Fax: _____
Alt Phone: _____	DEA: _____ NPI: _____

* PLEASE SEND PATIENT'S FACE SHEET AND CLINICAL TO FACILITATE AUTHORIZATION *

CLINICAL INFORMATION	PRESCRIPTION INFORMATION
CYP2D6 Genotype Testing Results if known: _____ _____ Diagnosis: _____ _____ ☐ HD G10 ☐ TD G24.1 ☐ Dystonia G24.9 ☐ Other _____	**Date:** _____ Please Check: ☐ Tetrabenazine 12.5 mg Tablets ☐ Tetrabenazine 25 mg Tablets Week 1 _____ Week 2 _____ Week 3 _____ Week 4 _____ Quantity: 30 Days _____ 90 Days _____ Refills _____ Maintenance: ☐ Tetrabenazine 25 mg Tablets Directions: Sig: _____ Quantity: 30 Days _____ 90 Days _____ Refills _____

PHYSICIAN'S SIGNATURE: _____ **DATE**: _____

Fax completed form to (888)963-8122. Thank you for using BioTek reMEDys