



WWW.Biotekrx.com

VMAT2 Inhibitor Order Forms

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

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

PATIENT INFORMATION	PHYSICIAN INFORMATION
Patient Name: _____ DOB: _____	Name: _____ Specialty: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Phone/Cell: _____	Phone: _____ Fax: _____
Preferred contact Person: _____	NPI: _____
Phone/Cell: _____	Physician Office Contact: _____
	Phone: _____

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

DIAGNOSIS

- | | |
|--|--|
| <input type="checkbox"/> Huntington's Disease G10) | <input type="checkbox"/> Tourette Syndrome F95.2 |
| <input type="checkbox"/> Tardive Dyskinesia G24.01 | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Dystonia G24.9 | |

PRESCRIPTION INFORMATION

DATE: _____

Please Check: Tetrabenazine 12.5 mg Tablets Week 1 _____

Tetrabenazine 25 mg Tablets Week 2 _____

Austedo 6 mg Tablets Week 3 _____

Austedo 9 mg Tablets Week 4 _____

Austedo 12 mg Tablets

Quantity: 30 Days _____ 90 Days _____ Refills _____

DATE: _____

Maintenance: Tetrabenazine 12.5 mg Tablets Directions: _____

Tetrabenazine 25 mg Tablets

Austedo 6 mg Tablets

Austedo 9 mg Tablets

Austedo 12 mg Tablets

Quantity: 30 Days _____ 90 Days _____ Refills _____

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

Important Information: This facsimile transmission is intended to be delivered only to the named addressee and may contain matter that is confidential, privileged, proprietary or exempt from disclosure under applicable law. If it is received by anyone other than the named addressee, the recipient should immediately notify the sender at the address and telephone number set forth herein and obtain instructions as to disposal of the material. In no event should such material be read by anyone other than the named addressee, except by express authority of the sender to the named addressee.

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