



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:** \_\_\_\_\_

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