BioTek reMEDys
WWW.Biotekrx.com

VMAT2 Inhibitor Order Forms

Phone: (877)-246-9104
Fax: (800) 783-9146
www.biotekrx.com

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

☐ Huntington's Disease G10)
☐ Tardive Dyskinesia G24.01
☐ Dystonia G24.9
☐ Tourette Syndrome F95.2
☐ Other: ______________________

PRESCRIPTION INFORMATION

DATE: ______________

Please Check:
☐ Tetrabenazine 12.5 mg Tablets
☐ Tetrabenazine 25 mg Tablets
☐ Austedo 6 mg Tablets
☐ Austedo 9 mg Tablets
☐ Austedo 12 mg Tablets

Week 1 ______________________
Week 2 ______________________
Week 3 ______________________
Week 4 ______________________

Quantity: 30 Days ________ 90 Days ________ Refills ________

DATE: ______________

Maintenance:
☐ Tetrabenazine 12.5 mg Tablets
☐ Tetrabenazine 25 mg Tablets
☐ Austedo 6 mg Tablets
☐ Austedo 9 mg Tablets
☐ Austedo 12 mg Tablets

Directions: ______________________

Quantity: 30 Days ________ 90 Days ________ Refills ________

PHYSICIAN'S SIGNATURE: ______________________ **DATE**: ______________

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Fax completed form to: (800)783-9146 - Thank you for using BioTek reMEDys®