Please fax all pages of completed form to your team at 888.302.1028.

To reach your team, call toll-free 844.412.4764.

You can now monitor shipments and chat online if you have questions. Go to MyAccredoPatients.com to log in or get started.

Prescription & Enrollment Form

Botulinum Toxin (Medical Indication)



Four simple steps to submit your referral.

Clinical Information MH:	1 Pati	ient Informa	ation		Please provide copies of front and prescription insurance ca	
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Please list indication for botulinum toxin therapy and corresponding ICD-10 code(s): Note: Diagnosis may be required by payer authorization criterinary ICD-10 code (REQUIRED): For your convenience, formulations are listed beside their approved indication (s): Chronic Migraine (Botox®) # of headache days per month Upper limb spasticity (Botox®, Dysport®, Xeomin®) Lower limb spasticity (Botox®) Cervical Dystonia (Botox®, Dysport®, Xeomin®, Myobloc®) Blepharospasm (Botox®, Xeomin®) Strabismus (Botox®) Urinary Incontinence (Botox®) Primary Axillary hyperhidrosis (L74.510)(Botox®) Overactive Bladder (Botox®)	5 Clin	iicai intorm	ation			
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				X ^w)	Overactive Bladder (Botox®)	

4 Prescribing Information

Medication	Strength/Formulation	Directions	Quantity/Refills	
Botox®	100 unit vial 200 unit vial	Inject units IM or ID into the	# vials Refills	
Daxxify®	100 unit vial	(site of administration)	Minimum frequency is 12 weeks unless otherwise specified. Other	
Dysport®	300 unit vial 500 unit vial	by prescriber, in office for		
Xeomin [®]	50 unit vial 100 unit vial 200 unit vial	(diagnosis)		
Myobloc®	2,500 units/0.5mL vial 5,000 units/1mL vial 10,000 units/2mL vial			
Prescriber, please check here to authorize ancillary supplies such as needles, syringes, 0.9% Normal Saline, etc. to administer the therapy		As needed for administration	Send quantity sufficient for medication days supply	

If shipped to physician's office, physician accepts on behalf of patient for administration in office.

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Date	Dispense as written	Date	Substitution allowed

The prescriber is to comply with his/her state-specific prescription requirements such as e-prescribing, state-specific prescription form, fax language, etc. Non-compliance with state-specific requirements could result in outreach to the prescriber.

