MedicoRx Specialty & HOME INFUSION PHARMACY

Neuromuscular Disorders
REFERRAL FORM

Phone: 818-390-9696 Toll-free: 855-265-7850 ● Fax: 818-804-3492 Toll-free fax: 855-450-6717 ● info@MedicoRX.com

Patient information		Prescriber information	
Name:	**DOB:**	**Prescriber's Name:**	
Address: **City, State, Zip**		**NPI#**	
		DEA#	**License#**
Phone #	**Alt#**	**Address** **City, State, Zip**	
SSN:			
Height:	**Wt:**	**Phone #**	**Fax #**
Allergies:			
Emergency Contact/ Phone #		**Contact Person:**	

Clinical Consideration

Diagnosis (ICD 10) :
- □ G24.3 Spasmodic torticollis
- □ G24.5 Blepharospasm
- □ G51.0 Bell's palsy
- □ G80.1 Spastic diplegic cerebral palsy
- □ H50.9 Unspecified strabismus
- □ K22.0 Achalasia of cardia
- □ L74.510 Primary focal hyperhidrosis, axilla
- □ L74.511 Primary focal hyperhidrosis, face
- □ L74.512 Primary focal hyperhidrosis, palms
- □ L74.513 Primary focal hyperhidrosis, soles
- □ L74.519 Primary focal hyperhidrosis, unspecified
- □ L74.52 Secondary focal hyperhidrosis
- □ S14.101A Unspecified injury at C1 level of cervical spinal cord, initial encounter
- □ S14.102A Unspecified injury at C2 level of cervical spinal cord, initial encounter
- □ S14.103A Unspecified injury at C3 level of cervical spinal cord, initial encounter
- □ S14.104A Unspecified injury at C4 level of cervical spinal cord, initial encounter

Other (please specify)____

Medication	Dose/Strength	Directions for Use	Quantity	Refills
□ **Botox®** (Onabotulinumtoxin A)	□ **100 Unit Vial** □ **200 Unit Vial**			
□ **Dysport®** (Abobotulinumtoxin A)	□ **300 Unit Vial** □ **500 Unit Vial**			
□ **Myboloc®** (Rimabotulinumtoxin B)	□ **2,500 Unit Vial** □ **5,000 Unit Vial** □ **10,000 Unit Vial**			

By signing this form I authorize MedicoRX and its representatives to act as my agent in order to initiate and execute the insurance prior authorization process and, in doing so release clinical information via phone to the appropriate third party payer.

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Prescriber's signature (no stamps) if brand required check this □ DAW___ **Date**