



BOTOX Shipment Request

Please complete the form and send with the specific patient information

fax: 877-327-4157 phone: 844-457-9195

Patient Name:

Date of Birth:

Rx number:

Ship to: *(physician name and address)*

PLEASE COMPLETE THE INFORMATION BELOW:

Next BOTOX Injection Date: _____

Date order requested to be delivered: (Tuesday-Friday): _____

Special Delivery Instructions: _____

If requested delivery date is less than 5 days from now, please call the pharmacy at 844-457-9195

Is the delivery address the same as above? YES NO

If address is different, please contact the pharmacy to schedule at 844-457-9195

Office representative completing the form: _____

Patient/Guardian/Caregiver authorization to ship? YES NO

Patient/Guardian/Caregiver signature authorization to ship:

Changes to insurance? YES NO

If YES, patient must contact the pharmacy at 844-457-9195

Changes for the next patient BOTOX dose or other prescription change? YES NO

If YES, please fax a new Rx to 877-327-4157 and the pharmacy will contact the office to set up shipment when processing is complete.

If you would like to discontinue shipments for this patient, contact the pharmacy at 844-457-9195

