

**Fax all pages of this referral to our secure fax at (855) 270-7347.**

**Patient Information**

Date:	Requested Start of Care Date:	State of pt's residence:
Patient name:		Date of birth:
Height:	Weight: lb / kg	CYP2D6 genotype testing metabolizer: <input type="radio"/> unknown <input type="radio"/> poor <input type="radio"/> intermediate <input type="radio"/> extensive
Primary Diagnosis: <input type="checkbox"/> Huntington's disease G10 <input type="checkbox"/> Tardive dyskinesia G24. 01 <input type="checkbox"/> Tourette syndrome F95.2 <input type="checkbox"/> Hemiballism G25.5 (other chorea) <input type="checkbox"/> Hyperkinetic dystonia G24. 9 (dystonia, unspecified) <input type="checkbox"/> Other ICD-10:		
Secondary Diagnosis / ICD-10:		
Allergies:		

**Tetrabenazine Order**

Rx #1 Tetrabenazine 12.5 mg tablet <input type="checkbox"/> decline Rx #2 Tetrabenazine 25 mg tablet <input type="checkbox"/> decline Pharmacy to dispense either/both strengths to best follow orders unless decline box checked.	Qty: up to 30-day supply or ____ day supply Refill up to 1 yr or ____ month(s)
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Option #1 - Order as below:  Option #2 - Order as below:

Week	Total Daily Dose	Stop at this dose for maintenance OR until intolerable side effects	Regimen (n/a = not applicable)			Week	Total Daily Dose (mg)	Regimen
			AM	afternoon	PM			
1	12.5 mg	<input type="radio"/>	12.5 mg	n/a	n/a	1		
2	25 mg	<input type="radio"/>	12.5 mg	n/a	12.5 mg	2		
3	37.5 mg	<input type="radio"/>	12.5 mg	12.5 mg	12.5 mg	3		
4	50 mg	<input type="radio"/>	12.5 mg	12.5 mg	25 mg	4		
5	62.5 mg	<input type="radio"/>	12.5 mg	25 mg	25 mg	5		
6	75 mg	<input type="radio"/>	25 mg	25 mg	25 mg	6		
7	87.5 mg	<input type="radio"/>	25 mg	25 mg	37.5 mg	7		
8	100 mg	<input type="radio"/>	25 mg	37.5 mg	37.5 mg	8		

Option #3 - Continue regimen: Tetrabenazine \_\_\_\_ mg in AM \_\_\_\_ mg in afternoon \_\_\_\_ mg in PM

Option #4 - Other regimen:

**Physician Information**

Signature:	Name:
	NPI#:
	Phone:
	Fax:
Date:	

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**For any questions, please contact NuFACTOR Specialty Pharmacy at (800) 323-6832.**