

Tetrabenazine Orders

Fax all pages to (855) 270-7347

Patient Information

Order Date:	Requested Start of Care Date:	Date of Birth:
Patient name:	Height:	Weight: lb / kg
Address:	City:	State: Zip:
CYP2D6 genotype testing metabolizer: <input type="checkbox"/> unknown <input type="checkbox"/> poor <input type="checkbox"/> intermediate <input type="checkbox"/> 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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<input type="radio"/> Option #1 - Order as below:						<input type="radio"/> 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					

<input type="checkbox"/> Option #3 - Continue regimen: Tetrabenazine ____ mg in AM ____ mg in afternoon ____ mg in PM
<input type="checkbox"/> Option #4 - Other regimen:

Physician Information

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

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