

250 Dundas Street West, Suite 407 Mississauga, Ontario L5B 1J2 Phone: 647 – 550 – 5807 Fax: 647 – 697 – 8034

Patient Name:		DOB:
Address:		City:
Postal Code:	Telephon	e:
Health Card:	Version:	Expiry Date:

REASON FOR REFERAL:

HEAD		<u>MSK</u>			
	Migraines, Cluster, Tension Headaches		Cervical Dystonia		
	Trigeminal Neuralgia		Muscle Spasicity (CP, MS, Post-Stroke)		
	Temporomandibular Disorder / TMJ Pain		Chronic Low Back Pain		
<u>NEUR</u>	NEUROPATHIC Plantar Fasciitis		Plantar Fasciitis		
	Post-Herpetic Neuralgia	GENE	GENERALIZED		
	Sciatica Pain / Piriformis Syndrome		Myofascial Pain Disorder / Trigger Points		
	Diabetic Neuropathy		Fibromyalgia		
	Chemotherapy Neuropathy	NON-I	NON-PAIN BOTOX TREATMENTS		
	Post-Traumatic Nerve Injury Pain		Palmar Hyperhidrosis		
			Axillary Hyperhidrosis		
Additio	onal Clinical Information:				
Past M	edical History:				
Investigations:					
Medications:					
Referring Physician:					
Addres	ss:	City:	Postal Code:		
Teleph	one:	Fax:			
OHIP B	illing Number:				

NOTE: Consultations and Assessments are covered by OHIP. Neurotoxins used for treatments are **not** covered by OHIP and there is an associated cost. For some indications, Health Insurance Plans will cover the cost of Botox, in which case only an injection fee will apply. In some indications, Abbvie Care Support Program offers financial assistance for Botox injections. Please encourage patients to visit our website (www.TorontoBotoxPain.com) for further information.