

Botox for Chronic Migraine Referral Form

Please fax completed referral form to **1-877-883-3301**

Referring MD/NP Information:

MD/NP Stamp & Billing #

Patient Contact Information:

For Patient Label

Requirements for a patient to be considered an appropriate candidate for BOTOX injections:

- Secondary causes of headache have been ruled out**
- Diagnosed with Chronic Migraine**
(>15 headaches day/month with > 8 being migrainous in nature); and
- Wishes for an interventional alternative therapy to headache treatment**

Please Include:

- Patient medical history, any relevant imaging, and consult notes**
- Confirmation of private health coverage or willingness to cover cost of \$250.00 for BOTOX treatment if applicable**

Other Information:

- 93% of submitted claims, from across Canada, that meet the Health Canada indication have been approved for coverage by private insurers
- Therapeutic BOTOX DIN for Chronic Migraine: 01981501

Physician/Nurse Practitioner Signature:

Billing #:

Date:

**CPM Centres for Pain Management
Central Intake Department**
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