

# Betaine (anhydrous for oral solution)

If you have questions, please call 1-888-673-0039 or email [etoncares@optimecare.com](mailto:etoncares@optimecare.com)

Please fax form to 1-866-318-2990



## PATIENT REFERRAL FORM

Patient Information <small>*Please print</small>	Last Name:		First Name:		SSN:		Sex: M <input type="radio"/> F <input type="radio"/>	
	Address:			City:		State:		Zip:
	Phone: Day #		Evening #:		Cell #:		Preferred method of Contact: Day # Evening # Cell #	
	DOB:		Weight Lbs:		Kg:		Height: BSA:	
	If Patient is a Minor, Guardian/Parent Name:				Relation to Patient:			
	Emergency Contact:				Phone #:			
Insurance Information	Primary Insurance Co. Name:						Phone #:	
	Policy Holder Name:			Policy #:			Group #:	
	Prescription Card Name:						Phone #:	
	Policy #:						Group #:	
	Secondary Insurance Co. Name:						Phone #:	
	Policy Holder Name:			Policy #:			Group #:	
Physician Information	Prescriber Name/Title:							
	NPI:		DEA:		Medicaid UPIN:		State License #:	
	Address:			City:		State:		Zip:
	Practice Name:							
	Name of Contact Person:						Phone:	
	Physician Email:						Fax:	
Prescription	<b>Betaine (anhydrous for oral solution) powder:</b>				Mix ____ scoops, note 1 scoop equals 1gram, with 4 to 6 ounces of water, juice, milk or formula until completely dissolved or mix with food and take immediately.			
	Take ____ grams per day; to be divided in ____ doses per day							
	Refills _____							
	Special Instruction: _____							
Medical Necessity	<b>Please check applicable ICD-10 code:</b>							
	Homocystinuria (E72.11)				Other _____			
NKDA								Allergies: _____

I certify I am prescribing Betaine for this patient for a medically necessary purpose.

Date Written: \_\_\_\_\_

Substitution Allowed:

Dispense as Written: \_\_\_\_\_

(Stamped Signatures Are Not Valid) \_\_\_\_\_

(Stamped Signatures Are Not Valid)

**This Prescription Form is only valid if FAXED to Optime Care @866-318-2990 or EMAILED to [etoncares@optimecare.com](mailto:etoncares@optimecare.com)**

Form: RD-4-01a-ETN  
Control: 1341-v1