# Betaine (anhydrous for oral solution)

If you have questions, please call 1-888-673-0039

Please fax form to 855-813-2039

eTon CARES

# PATIENT REFERRAL FORM

## Patient Information *Please print

| | | | | |
|---|---|---|---|---|
| Last Name: First Name: | | SSN: | | Sex: M F |
| 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

**Betaine *(anhydrous for oral solution)* powder**:

Take ____ grams per day; to be divided in ____ doses per day.

**Dispense:**

☐ 30 day supply

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.

**Refills** _____

**Special Instruction:**_____

## Medical Necessity

**Please check applicable ICD-10 code:**

☐ Homocystinuria (E72.11) ☐ Other _____

☐ NKDA Allergies: _____

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

**Date Written:** _____

**Dispense as Written:** _____
(Stamped Signatures Are Not Valid)

**Substitution Allowed:**
(Stamped Signatures Are Not Valid)_____

**This Prescription Form is only valid if FAXED to Anovo @855-813-2039**

**Form: BetaineRx.01**
**Effective Date: 10/1/25**
**1341-v1**