

Referral for BOTOX Injections for Chronic Migraines

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REQUEST FOR CONSULTATION

PATIENT INFORMATION	REFERRING PHYSICIAN
Name:	Name:
Gender:	Billing #:
DOB:	Office Phone:
Phone(s):	Office Fax:
HIN & Version:	Signature:
Full Address & Postal:	
Private Insurance: Yes/No (CIRCLE)	

Urgency of Consultation: Routine Urgent

Typically, for a patient to be considered for BOTOX therapy they must:

- 1) Previously have been diagnosed with Chronic Migraine (> 15 headaches days/month, with >8 being migraineous)
- 2) Secondary causes of headaches have been ruled out
- 3) Failed at least two pharmacological medications

Medications previously tried:

Please inform your patients that there is an injection fee for chronic migraine which is NOT covered by OHIP