



Botulinum toxin acknowledgement - hyperhidrosis

Important information

This form must be completed for patients who are to receive treatment for hyperhidrosis. This form is required to be completed before the initial treatment only, and must be signed in front of a witness (over 18 years of age).

Assistance

If you need assistance completing this form or need more information call **1800 700 270** (call charges may apply) and select option 4, between 8.30 am to 5.00 pm EST, Monday to Friday, or go to www.medicareaustralia.gov.au > **For health professionals > PBS > Specialised drugs (PBS) A-I > Botulinum toxin**

Lodgement

Send the completed form to:

Medicare Australia
Prior written approval of specialised drugs
Reply paid 9826
Hobart TAS 7001

or fax to: **1300 154 190**

Print in **BLOCK LETTERS**

Tick where applicable

Patient's details

1 Medicare/DVA card number

- - Ref no.

2 Mr Mrs Miss Ms Other

Family name

First given name

3 Date of birth / /

Patient's declaration

4 I understand that:

- I am eligible for a maximum of three PBS subsidised treatments with Botulinum toxin per year for the treatment of hyperhidrosis.

Full name of parent or authorised person (if applicable)

Patient's signature or parent's signature
(for patients under 18 years of age)
or authorised person's signature

Date / /

Provider's details

5 Provider number

6 Family name

First given name

7 Work phone number

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Fax number

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Provider's declaration

8 I declare that:

- the patient has failed or is intolerant to topical aluminium chloride hexahydrate after one or two months of treatment
- I have explained to the patient the circumstances governing PBS subsidised treatment with Botulinum toxin for hyperhidrosis.

Provider's signature

Date / /

Witness's acknowledgement

9 I have witnessed the signatures of **BOTH** the patient or authorised person and the provider.

Witness's full name (over 18 years of age)

Witness's signature

Date / /

Privacy note

The information provided on this form will be used to assess eligibility of a nominated person to receive PBS subsidised treatment. The collection of this information is authorised by the *National Health Act 1953*. This information may be disclosed to the Department of Health and Ageing, Department of Veterans' Affairs, or as authorised or required by law.