

PATIENT INFORMATION

First Name _____ Last Name _____ Date of Birth _____
 Street Address _____ Apt # _____
 City _____ State _____ Zip Code _____ Gender Male Female
 Home Phone () _____ Voicemail Allowed Mobile Phone () _____ Voicemail Allowed
 Patient Email _____ Preferred Language _____
 Authorized Caregiver or Alternate Contact _____ Relationship to Patient _____
 Alternate Contact Email _____ Alternate Contact Phone () _____ Voicemail Allowed

INSURANCE INFORMATION

Check this box if the patient does **NOT** have any insurance

Please include copies of the front and back of patient's medical benefit insurance card(s) or fill in the information below.

Primary Medical/Health Insurance Name _____ Phone () _____
 Policy ID _____ Policy Holder Name _____ Policy Holder's Date of Birth _____
 Group # _____ Policy Holder's Relationship to Patient _____
 Secondary Medical/Health Insurance Name _____ Phone () _____
 Policy ID _____ Policy Holder Name _____ Policy Holder's Date of Birth _____
 Group # _____ Policy Holder's Relationship to Patient _____

PRESCRIBER INFORMATION

Prescriber Name _____ Prescriber Specialty _____
 Practice Name _____ Practice Email _____
 Street Address _____ Ste # _____ Office Phone () _____
 City _____ State _____ Zip Code _____ Office Fax () _____
 MD NPI # _____ Tax ID # _____ State License # _____
 Office Contact _____ Office Contact Phone () _____
 Office Contact Email _____

MEDICATION / SERVICE INFORMATION

Product Name _____ DAXXIFY _____ Number of Units Requested _____
 JCode _____ J0589 _____ Injection CPT Code _____ Guidance CPT Code _____
 Diagnosis Code _____
 Place of Service: _____ Provider's Office (11) _____ Outpatient Hospital (22) _____ Anticipated Treatment Date _____
 Place of Service Name (if not Provider's Office): _____
 Place of Service Address (if not Provider's Office): _____

ADDITIONAL REIMBURSEMENT SUPPORT

Please check here if you would like assistance tracking the Prior Authorization process with your patient's insurance provider (if a Prior Authorization is required).

HEALTHCARE PROVIDER ATTESTATION

By checking this box and submitting this information, you certify that the person named on this form is your patient and has consented to your disclosure of the patient's personal health information to Revance and its third-party administrator for insurance verification and prior authorization support.

INDICATION

DAXXIFY® (daxibotulinumtoxinA-lanm) injection is an acetylcholine release inhibitor and neuromuscular blocking agent indicated for the treatment of cervical dystonia in adults.

WARNING: DISTANT SPREAD OF TOXIN EFFECT

The effects of DAXXIFY® and all botulinum toxin products may spread from the area of injection to produce symptoms consistent with botulinum toxin effects. These symptoms have been reported hours to weeks after injection. Swallowing and breathing difficulties can be life threatening and there have been reports of death. DAXXIFY® is not approved for the treatment of spasticity or any conditions other than cervical dystonia and glabellar lines.

IMPORTANT SAFETY INFORMATION

Contraindications

DAXXIFY® contraindications include hypersensitivity to any botulinum toxin preparation or any of the components in the formulation and infection at the injection site(s).

Warnings and Precautions

Please refer to Boxed Warning for Distant Spread of Toxin Effect.

The potency units of DAXXIFY® are not interchangeable with preparations of other botulinum toxin products. Recommended dose and frequency of administration should not be exceeded. Patients should seek immediate medical attention if respiratory, speech or swallowing difficulties occur. Use caution when administering to patients with pre-existing cardiovascular disease. Concomitant neuromuscular disorders may exacerbate clinical effects of treatment.

Adverse Reactions

The most commonly observed adverse reactions ($\geq 5\%$) were headache (9%), injection site pain (8%), injection site erythema (5%), muscular weakness (5%), and upper respiratory tract infection (5%).

Drug Interactions

Co-administration of DAXXIFY® and aminoglycoside antibiotics, anticholinergic agents or any other agents interfering with neuromuscular transmission or muscle relaxants should only be performed with caution as the effect of DAXXIFY® may be potentiated. The effect of administering different botulinum neurotoxins during course of treatment with DAXXIFY® is unknown.

Use in Specific Populations

DAXXIFY® is not recommended for use in children or pregnant women.

Please see DAXXIFY® full Prescribing Information, including Boxed Warning and Medication Guide.

To report side effects associated with DAXXIFY®, please visit [safety.revance.com](https://www.safety.revance.com) or call 1-877-373-8669. You may also report side effects to the FDA at 1-800-FDA-1088 or visit www.fda.gov/medwatch.

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