



## Mass General Thoracic Outlet Syndrome Program Repeat Botox® Injection Request Form

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Phone: 617-724-0969

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Thank you for completing this form. This **must** be completed and returned by fax to 617-726-7667, by email or by mail to Dr. Donahue's office (address above) as soon as possible. For more information, please visit our website at: [www.massgeneral.org/tos-program](http://www.massgeneral.org/tos-program)

Today's Date: \_\_\_\_\_

### General Information

Patient's name: \_\_\_\_\_

Preferred phone number: \_\_\_\_\_ Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Email address: \_\_\_\_\_

Medical Record Number (MRN): \_\_\_\_\_

I am requesting repeat ultrasound-guided Botox® injections on:

- Right side
- Left side
- Both sides

Are you taking any antibiotics right now?

- No, I am not currently taking any antibiotics.
- Yes, I am currently taking 1 or more antibiotics.

Did you send in your pre- and post-Botox® evaluation forms after your last injections?

- Yes
- No (I need forms sent to me so I can complete and return them.)

On which side of your body did you last have the injections? (*check one*)

- Left side
- Right side



MASSACHUSETTS  
GENERAL HOSPITAL

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## SURGERY

- Bilaterally (both sides)

Thank you for completing this form. Someone from our office will contact you regarding your request in 5-7 business days. Please allow additional time for processing on weekends or holidays.

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