

Prescriber

✓	Prescriber Name	Designation	NPI #

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Office Address: Street _____ City _____ State _____ ZIP _____ | Office Contact Name _____ Phone # _____
 ➔ Prescriber Signature: _____ Date: _____

Patient

Last Name _____ First Name _____ M.I. _____ Date of Birth (MM/DD/YYYY) _____
 Address _____ City _____ State _____ ZIP Code _____
 Home Phone _____ Cell Phone _____ Email Address _____
 Patient Address Verified? Yes No Emergency Contact Name: _____ Cell#: _____

Insurance

Primary Insurance _____ Policy Holder _____ Policy # _____ Group # _____
 Insurance Co. Phone # _____
 Check if Medicare or Medicaid
 Check if No Insurance
Attach Copy of Insurance Card (Front and Back)
 Co-Pay Assistance: \$0 co-pay will be automatically applied for ALL eligible patients*

Patient Diagnosis


Primary Diagnosis (Required) _____ ICD-10 _____ Allergies _____
 Stage _____ Please attach patient medication profile/list _____

Oravig Rx

Check to Prescribe

Oravig® - Dispense: Oravig bottle (14-day supply). **Dose:** Apply 1 tablet daily. (Medicare pending)
Oral thrush/Oropharyngeal Candidiasis Diagnosis:

✓	Code	Description (check all that apply)
	ICD-10 B37.0	Candidal Stomatitis
	ICD-10 B37.9	Candidiasis, unspecified



Refills (Select One): 01 02 03 04

Gelclair Rx

Check to Prescribe

Gelclair® - Dispense: Gelclair 90 packets (30-day supply). **Dose:** Rinse with 1 packet 3x per day.
Oral Mucositis Diagnosis:


✓	Code	Description (check all that apply)
	ICD-10 K12.30	Oral mucositis (ulcerative), unspecified
	ICD-10 K12.31	Oral mucositis (ulcerative), due to antineoplastic therapy
	ICD-10 K12.32	Oral mucositis (ulcerative), due to other drugs
	ICD-10 K12.33	Oral mucositis (ulcerative), due to radiation
	ICD-10 K12.39	Other Oral mucositis (ulcerative)


Refills (Select One): 01 02 03 04

Zuplenz Rx
 4 mg
 8 mg
Check to Prescribe

Zuplenz® - Dispense: Zuplenz _____ boxes of 30 oral soluble film strips (multi-day supply). **Dose:** Place on tongue as directed. (Medicare pending)
Check one: HEC/Adult MEC/Adult MEC/Ped RINV PONV
CINV, RINV, or PONV Diagnosis:

✓	Code	Description (check all that apply)
	ICD-10 R11.0	Nausea
	ICD-10 R11.10	Vomiting, unspecified
	ICD-10 R11.11	Vomiting without nausea
	ICD-10 R11.12	Projectile vomiting
	ICD-10 R11.2	Nausea with vomiting, unspecified


Refills (Select One): 01 02 03 04

*Co-pay assistance not valid for prescription reimbursement in whole or in part under Medicaid, Medicare, including Medicare Advantage and Part D Rx drug plans or any other federal or state programs (including state pharmaceutical assistance programs) or where prohibited, taxed or otherwise restricted.
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FORTOVIA

THERAPEUTICS

Fortovia Direct Rx Form

Prescription savings and free delivery to patient's home in 24 hours

Fax form to: 201-949-3455

OR

E-prescribe: Dunn Meadow Pharmacy
In Fort Lee, NJ

NPI# 1568869634 NABP# 3149211

Questions? Call 201-949-3410



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