

Prescriber

✓	Prescriber Name	Designation	NPI #

✓	Prescriber Name	Designation	NPI #

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.
 ©2019 Fortovia Therapeutics. All rights reserved. FTX061 Rev06/19

FORTOVIA

THERAPEUTICS

Fortovia Direct Rx Form

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

Fax form to: 877-717-1779

OR

E-prescribe: Orphan Pharmacy Serv.

Syosset, NY 11791

NPI# 1982113627 NABP# 5820837

Questions? Call 877-780-0066



Marketed and distributed by Fortovia Therapeutics, Raleigh, NC 27615.

GELCLAIR is a registered trademark of Helsinn Healthcare SA, Lugano, Switzerland. Under license of Helsinn Healthcare SA, Switzerland.

Oravig is under exclusive license from Onxeo SA, France.

All other trademarks are the property of their respective owners.