aquoral®
artificial saliva
PROTECTIVE ORAL SPRAY

For patients suffering from Dry Mouth, Aquoral is the clinically proven prescription-strength treatment for lasting protection against the discomfort and long-term consequences of Dry Mouth

How to e-Prescribe Aquoral

Please use the following pharmacy information for processing e-prescription through your EMR system:

- **Name:** Transition Pharmacy
- **City:** Montgomeryville
- **NPI #:** 1336325265

Pharmacy Type: Retail
State: PA **Zip:** 18936
NCPDP #: 3989603

Prescribe Aquoral by phone by calling (833) 821-8187

Prescribe Aquoral by Fax - Complete and Fax the attached form to (866) 694-2555

For your convenience, Aquoral will be mailed to your patient's home

- As part of our commitment to helping patients, K Pharmaceuticals has engaged Transition Pharmacy Services to fill and deliver prescriptions for Aquoral to your patients.
- There is no additional cost to the patient or physician for this service.

Pharmaceuticals

For more information on the benefits of Aquoral scan the QR code or go to aquoralspray.com/dashboard

Rx Only

aquoral™ artificial saliva
PROTECTIVE ORAL SPRAY

AQUORAL
Direct to Patient Program

PHARMACY - ORDER FAX FORM
FAX TO: (866) 694-2555
CUSTOMER SERVICE #: (833) 235-7113

PATIENT INFORMATION

NAME: _____ **DATE OF BIRTH:** _____ **EMAIL:** _____

PHONE #: _____ **Alternative Contact Name/Phone #:** _____

ADDRESS: _____ **APT/SUITE:** _____

CITY _____ **STATE:** _____ **ZIP CODE:** _____

CURRENT MEDICATIONS TAKEN: _____

MEDICAL CONDITIONS: _____

ANY KNOWN ALLERGIES: _____

PRESCRIBER INFORMATION

NAME: _____

DEA #: _____ **NPI #**: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

PHONE #: _____ **FAX #:** _____

OFFICE CONTACT: _____ **CONTACT PHONE #:** _____

PHYSICIAN EMAIL: _____

PRESCRIPTION INFORMATION

☐ **AQUORAL (Artificial Saliva) Protective Spray 1 Box (2 x 10 ML Spray Bottles)**

Directions: _____

Quantity_____ **Refills**_____

Prescriber Signature: _____ ***Date:*** _____

For e-PRESCRIBING, please use the following information for processing requests through your system:

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