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:

Name: Transition Pharmacy
City: Montgomeryville
NPI #: 1336325265

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

There is no additional cost to the patient or physician for this service.