Rx Only

aquoral™
artificial saliva
PROTECTIVE ORAL SPRAY

Aquoral Provides Relief and Protection as Part of a Comprehensive Oral Care Strategy

Dry mouth treatment doesn't have to stop at relieving symptoms. You can help protect your patients' oral health by recommending a program including in-office fluoride treatments, prescription-strength toothpaste and saliva stimulants.

Aquoral Protective Spray

Rapid, effective, prescription-strength relief of symptoms in a convenient, discreet spray. In a clinical study, 92 percent of patients saw improvement in their dry mouth symptoms.[4]

- Relieves symptoms of dry mouth for up to four hours
- Lipid-based spray moistens and lubricates the mucosa and creates a barrier that protects against mucosal damage and tooth decay
- Provides rapid relief
- Improves patients' ability to chew, taste, swallow and speak
- Easy and convenient application
- Available only by prescription through a dental professional

Aquoral Prescription Order Form Instructions

As part of our commitment to helping our dry mouth patients, K Pharmaceuticals has engaged Transition Pharmacy Services to fill prescriptions for Aquoral. Follow the steps below to obtain a prescription.

- Prefill your personal information. Make sure you print clearly and include your cell phone number if possible
- Bring the attached form with your to your doctor or dentist
- If your doctor or dentist feels you are a good candidate for Aquoral they can Fax the prescription form to Transition Pharmacy at (866) 694-2555 (patient faxes are not acceptable)
- Confirm the patient information including medical conditions, medications, and allergies
- Fill in Practice Information, Quantity and number of Refills
- Make sure the doctor signs and dates the form
- Your doctor or dentist may also e-Prescribe Aquoral by following instructions on the bottom of the Prescription form. They may also prescribe Aquoral by phone by calling (833) 821-8187

You will receive a text message from Transition Pharmacy with payment instructions. For your convenience, your prescription will be delivered to you via USPS First Class Mail in 3–5 business days.

[4] Mouly, S., Orler, J. B., Tillet, Y., Coudert, A. C., Oberli, F., Preshaw, P., & Bergmann, J. F. Efficacy of a new oral lubricant solution in the management of psychotropic drug-induced xerostomia, Journal of Clinical Psychopharmacology 2007; Volume 27, No 5.

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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

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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.