

Oravig[®] Rx Program

Oravig Prescription Form

Fax: 516-308-4339
Phone: 877-954-6336
E-prescribe: Linden Care
NPI# 1790960458
NABP# 3357387

Today's date (mm/dd/yyyy) _____

Patient Information:

Patient Name: First: _____ Last: _____ Date of Birth (mm/dd/yyyy): ____/____/____ Sex: M F
Address: _____ City: _____ State: ____ Zip: ____
Cell Phone #: _____ Home Phone #: _____ Work Phone #: _____ Email: _____

Insurance Information: **Please provide a copy of the patient's insurance card with this form (REQUIRED)**

Primary Insurance Policyholder: _____ Relationship: _____
Policy#: _____ Group#: _____
Phone #: _____ Address: _____ City: _____ State: ____ Zip: ____

Co-pay Assistance:
Zero (\$0) co-pay will automatically be applied for commercially insured patients*

Diagnosis Information: Primary Diagnosis (Required): _____

Stage: _____ ICD-10: _____ Allergies: _____

Other medications prescribed for same diagnosis: _____

Oral Thrush Diagnosis: (Check all that apply)

<input checked="" type="checkbox"/>	Code	Descriptor	Oravig Dispense: 14 miconazole buccal tablets 50 mg (14 day supply) Oravig Dose: QD
<input type="checkbox"/>	ICD-10 B37.0	Candidal Stomatitis	
<input type="checkbox"/>	ICD-10 B37.9	Candidiasis, unspecified	

Pharmacy Information:

Pharmacy Name/Designation: _____
Street: _____ City: _____ State: _____ Zip: _____
Fax: _____

Prescriber Signature: _____ NPI#: _____

Oravig Shipping Instructions:

Ship to (please circle): Patient Physician Other (please specify below)

Other shipping address: _____

Date Required (mm/dd/yyyy): _____

Fax prescription form to: 516-308-4339
E-prescribe to: Linden Care Pharmacy NPI# 1790960458 NABP# 3357387 Zip Code Look-up 11797
Call with questions: 877-954-6336

*Co-pay assistance not valid for prescriptions reimbursed 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.

