once-daily ORAVIG® (miconazole) buccal tablets 50 mg

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)

☑	Code	Descriptor
☐	ICD-10 B37.0	Candidal Stomatitis
☐	ICD-10 B37.9	Candidiasis, unspecified

Oravig Dispense: 14 miconazole buccal tablets 50 mg (14 day supply)
Oravig Dose: QD

Prescriber Information:

Prescriber Name & Designation: _____ Office Contact Name: _____

Street: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

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.

MIDATECH PHARMA US INC.