



# aquoral<sup>®</sup>

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:

- |                                    |                                    |
|------------------------------------|------------------------------------|
| • <b>Name:</b> Transition Pharmacy | <b>Pharmacy Type:</b> Retail       |
| • <b>City:</b> Trevoise            | <b>State:</b> PA <b>Zip:</b> 19053 |
| • <b>NPI #:</b> 1336325265         | <b>NCPDP #:</b> 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 use the QR code or go to [www.aquoral-spray.com](http://www.aquoral-spray.com)





**AQUORAL**  
Direct to Patient  
Program

**PHARMACY - ORDER FAX FORM**  
**FAX TO: (866) 694-2555**  
**CUSTOMER SERVICE #: (833) 821-8187**

**PATIENT INFORMATION**

**PLEASE INCLUDE COPY OF FRONT & BACK OF PHARMACY INSURANCE CARD**

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
PHONE #: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
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

**Pharmacy type:** Retail

**City:** Trevoise

**State:** PA **Zip:** 19053

**NPI #:** 1336325265

**NCPDP #:** 3989603

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