



Midatech Direct Rx Form

E-prescribe: BiologicTx - in Totowa, NJ 07512
NPI# 1245503648 Phone: 877-567-8087
NABP# 3198529 Fax to: 877-567-8089

Prescriber

| ✓ | Prescriber Name | Designation | NPI # |
|---|-----------------|-------------|-------|
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| ✓ | Prescriber Name | Designation | NPI # |
|---|-----------------|-------------|-------|
| | | | |
| | | | |
| | | | |

Office Address: Street _____ City _____ State _____ ZIP _____ | Office Contact Name _____ Phone # _____
 ➔ Prescriber Signature: _____ Date: _____

Patient

Last Name _____ First Name _____ M.I. _____ Date of Birth (MM/DD/YYYY) _____
 Address _____ City _____ State _____ ZIP Code _____
 Home Phone _____ Cell Phone _____ Email Address _____
 Patient Address Verified? Yes No Emergency Contact Name: _____ Cell#: _____

Insurance

Primary Insurance _____ Policy Holder _____ Policy # _____ Group # _____
 Insurance Co. Phone # _____
 Check if Medicare or Medicaid
 Check if No Insurance
Attach Copy of Insurance Card (Front and Back)
 Co-Pay Assistance: \$0 co-pay will be automatically applied for ALL eligible patients*

Patient Diagnosis

Primary Diagnosis (Required) _____ ICD-10 _____ Allergies _____
 Stage _____ Please attach patient medication profile/list _____

Oravig Rx

Check to Prescribe

Oravig® - Dispense: Oravig bottle (14-day supply). Dose: Apply 1 tablet daily. (Medicare pending)
Oral thrush/Oropharyngeal Candidiasis Diagnosis:

| ✓ | Code | Description (check all that apply) |
|---|--------------|------------------------------------|
| | ICD-10 B37.0 | Candidal Stomatitis |
| | ICD-10 B37.9 | Candadiasis, unspecified |


 once-daily **ORAVIG®** (miconazole) buccal tablets 50 mg
 Refills (Select One): 1 2 3 4

Gelclair Rx

Check to Prescribe

Gelclair® - Dispense: Gelclair 90 packets (30-day supply). Dose: Rinse with 1 packet 3x per day.
Oral Mucositis Diagnosis:

| ✓ | Code | Description (check all that apply) |
|---|---------------|--|
| | ICD-10 K12.30 | Oral mucositis (ulcerative), unspecified |
| | ICD-10 K12.31 | Oral mucositis (ulcerative), due to antineoplastic therapy |
| | ICD-10 K12.32 | Oral mucositis (ulcerative), due to other drugs |
| | ICD-10 K12.33 | Oral mucositis (ulcerative), due to radiation |
| | ICD-10 K12.39 | Other Oral mucositis (ulcerative) |



 Refills (Select One): 1 2 3 4

Aquoral Rx

Check to Prescribe

Aquoral® - Dispense: Aquoral spray (30-day supply). Dose: 2 sprays into the mouth 3x per day or 4x per day.
Xerostomia Diagnosis:

| ✓ | Code | Description (check all that apply) |
|---|--------------|------------------------------------|
| | ICD-10 R68.2 | Xerostomia |
| | ICD-10 K11.7 | Disturbances of salivary secretion |



 Refills (Select One): 1 2 3 4

Zuplenz Rx

4 mg
 8 mg
Check to Prescribe

Zuplenz® - Dispense: Zuplenz _____ boxes of 30 oral soluble film strips (multi-day supply). Dose: Place on tongue as directed.
 Check one: HEC/Adult MEC/Adult MEC/Ped RINV PONV (Medicare pending)
CINV, RINV, or PONV Diagnosis:

| ✓ | Code | Description (check all that apply) |
|---|---------------|------------------------------------|
| | ICD-10 R11.0 | Nausea |
| | ICD-10 R11.10 | Vomiting, unspecified |
| | ICD-10 R11.11 | Vomiting without nausea |
| | ICD-10 R11.12 | Projectile vomiting |
| | ICD-10 R11.2 | Nausea with vomiting, unspecified |


 Refills (Select One): 1 2 3 4

*Co-pay assistance not valid for prescription reimbursement 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.
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Prescription savings and free delivery to patient's home in 24 hours

Fax form to: 877-567-8089

OR

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in Totowa, NJ 07512

NPI# 1245503648 NABP# 3198529

Questions? Call 877-567-8087



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