

# MedVantx Pharmacy Prescription Form

Please include the following with the prescription:

- Patient's demographic information
- Insurance information/a copy of prescription card
- Patient's phone number

*Avenova*<sup>®</sup>

**MEDVANTX**<sup>®</sup>

Phone: (844) 999-5551  
Fax: (844) 999-5552

PHYSICIAN'S NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ NPI: \_\_\_\_\_

PATIENT'S NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ PHONE: \_\_\_\_\_ BIN: \_\_\_\_\_  
PCN #: \_\_\_\_\_ GROUP #: \_\_\_\_\_ CARDHOLDER ID #: \_\_\_\_\_  
MEDICAL CONDITIONS: \_\_\_\_\_  
ALLERGIES: \_\_\_\_\_  
OTHER MEDICATIONS: \_\_\_\_\_

## Prescription:

## **AVENOVA SPRAY**

QUANTITY: **40 mL** NUMBER OF REFILLS: \_\_\_\_\_ SIG/DIRECTIONS: \_\_\_\_\_

PHYSICIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Please note:** All fields must be completed to be considered a valid prescription – quantity, refills, and sig/directions. Also, please remind the patient to expect a call from (844) 999-5551 within 24 hours of the pharmacy receiving the prescription. Most prescription orders are delivered within 3-5 business days.

## Special Instructions:

Dispense as Written/Do NOT Substitute       Auto Refill       No Signature Required For Rx Delivery

Additional Special Instructions: \_\_\_\_\_

TEAR HERE (TO PROVIDE BOTTOM FORM TO PATIENT)

-- DO NOT COPY --

L0340.03

## **PROVIDE THIS FORM TO THE PATIENT**

All fields must be complete to be considered a valid prescription – quantity, refills, and sig/directions.

MedVantx Pharmacy will call from an (844) number within 24 hours of receiving your prescription (during business hours). Please allow 3-5 business days to receive your prescriptions via mail. For more information, see reverse side.

Services Provided by:

*Avenova*<sup>®</sup>

**MEDVANTX**<sup>®</sup>

Phone: (844) 999-5551  
Fax: (844) 999-5552

# PRESCRIBING INSTRUCTIONS

Avenova®

MEDVANTX

## **E-Prescribe to:**

**MedVantx**

**NCPDP/NABP: 4351968**

**(866) 744-0621**

**NPI: 1073692745**

## **Contact Information:**

**Phone:** (844) 999-5551

**Fax:** (844) 999-5552

**Email:** novabay@medvantx.com

## **Address:**

2503 E 54th St. N

Sioux Falls, SD 57104

## **E-Prescribing (ERx) Instructions:**

- Search for **MedVantx** (NCPDP/NABP: **4351968**, NPI: **1073692745**), (866) 744-0621
- Once found, send E-Prescription for patient to MedVantx Pharmacy using the information above
  - *For fastest service, please fax completed form prior to sending E-Prescription*

## **Avenova Information:**

- **Product Name:** Avenova (hypochlorous acid 0.01%)
- **Quantity:** 40 mL
- **Instructions:** Close your eyes, apply 2-3 sprays onto your eyelids, remove excess solution with a clean 100% cotton pad, repeat on other eye.
- **Refills:** \_\_\_\_\_
- **Special Instructions:** Dispense as Written/Do NOT Substitute

## **Calling, Faxing or ERx Instructions:**

ALL required information must be completed; there will be a delay if any information is missing.

- Complete **ALL** Physician and Patient Information
- Special Instructions: Dispense as Written/Do NOT Substitute
- Have Physician Sign and Date Prescription
- Call, Fax or ERx to MedVantx Pharmacy (information above)
- For NY State Rx - This fax prescription must be accompanied by an ERx, a faxed NY approved Rx pad, or called in Rx

## **Delivery Instructions:**

For tracking purposes, all prescriptions are sent via UPS Ground Shipping. Most orders are delivered within 3-5 business days.

TEAR HERE AND PROVIDE TO PATIENT

### **Who is MedVantx Pharmacy?**

MedVantx is a licensed pharmacy that ships into all 50 states.

### **What are the benefits of using MedVantx Pharmacy?**

MedVantx Pharmacy ensures your medications are dispensed exactly as your physician prescribed. We guarantee your product is directly from the manufacturer and meets all FDA requirements. We will work with you to resolve any insurance coverage issues ensuring your prescription is dispensed and shipped in a timely manner.

### **Does insurance cover my medication?**

Medications are commonly covered by most commercial insurance plans. Our goal is to make sure you get the medication you need.

### **How will I receive my prescription?**

Your prescription is shipped directly to the address provided by your provider via UPS Ground Shipping. Prescriptions addressed to a P.O. BOX will be shipped via USPS only. Additional charges applied to expedited shipments.

**For additional questions, please call us at: (844) 999-5551**