



# Gelclair® Rx Program Gelclair 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 assistance will automatically be applied for commercially insured patients\*

**Initial 30-Day Prescription: 90 packets, Dose: 1 packet TID or as needed**      **Refills:** 1  2  3  4

### Diagnosis Information:

Stage: \_\_\_\_\_ ICD-10: \_\_\_\_\_ Allergies: \_\_\_\_\_

Other medications prescribed for same diagnosis: \_\_\_\_\_

### Oral Mucositis Diagnosis: (Check all that apply)

<input checked="" type="checkbox"/>	Code	Description
<input type="checkbox"/>	ICD-10 K12.30	Stomatitis and mucositis unspecified
<input type="checkbox"/>	ICD-10 K12.31	Mucositis due to antineoplastic therapy such as Antineoplastics
<input type="checkbox"/>	ICD-10 K12.32	Mucositis due to other drugs
<input type="checkbox"/>	ICD-10 K12.33	Mucositis due to antineoplastic therapy such as Radiation therapy
<input type="checkbox"/>	ICD-10 K12.39	Other oral mucositis (ulcerative)
<input type="checkbox"/>	ICD-10 K13.29	Other disturbances of the oral epithelium, including tongue

### Pharmacy Information:

Pharmacy Name/Designation: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_

➔ Prescriber Signature: \_\_\_\_\_ NPI#: \_\_\_\_\_

### Gelclair Shipping Instructions:

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

Other shipping address: \_\_\_\_\_

Date Required (mm/dd/yyyy): \_\_\_\_\_

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

*\*Copay 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. Non-insured patients will be enrolled in the Gelclair Patient Assistance Program (PAP), pending income verification.*

