Onco360 | gelX® ORAL GEL

Faxed prescriptions can only be accepted from a prescribing practitioner.
e-prescribe to: Onco360 Oncology Pharmacy Louisville, KY **NPI# 1437577988**

Pharmacy 877.662.6633
Fax 877.662.6355

GELX® Oral Gel Order Form

Patient Information (REQUIRED)

Date: _____

Patient Name: _____ Date of Birth: _____ Sex: ☐ M ☐ F Last 4 Digits of SSN: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Ph: _____ Cell Ph: _____ Email: _____

Patient Weight: _____ lbs. Patient Height: _____ Allergies: _____

Pharmacy Benefit Manager (REQUIRED) Please provide copies of both sides of the patient's card(s)

PBM Name: _____ Rx BIN# _____ PCN#: _____

Rx Group#: _____ Member ID#: _____

Medical/Health Insurance Info. (REQUIRED) Please provide copies of both sides of the patient's card(s)

Primary: _____ Policy Holder: _____ Policy # _____ Ph: _____

Address: _____ City: _____ State: _____ Zip: _____

Secondary: _____ Policy Holder: _____ Policy # _____ Ph: _____

Address: _____ City: _____ State: _____ Zip: _____

DIAGNOSIS INFORMATION

Diagnosis Code	Description
☐ 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	Oral mucositis (ulcerative)
☐ ICD-10 _____	_____

RX PRESCRIPTION

Medication	SIG: Directions	Quantity	Refills
Check to Prescribe ☐ gelX® ORAL GEL	☐ Rinse with 1 packet 3x per day. ☐ Other:	☐ GELX 90 packets (30-day supply) ☐ Other	☐ 1 Refill ☐ 2 Refills ☐ 3 Refills ☐ 4 Refills

REQUIRED PHYSICIAN INFO.

Physician Information

Prescriber name: _____ Contact: _____

Email: _____ Street: _____ City: _____

State: _____ Zip: _____ Ph: _____ Fax: _____ NPI #: _____

Tax ID # (needed for funding): _____ Prescriber Signature (required by law): _____ Date: _____

SHIPPING

Shipping Instructions

Ship to: ☐ Physician's Office ☐ Patient's Home ☐ Other _____ Date Required: _____

State law for MO/NY/OH/VA/VT allows only 1 medication per order form. Please use a new form for additional medications.

ON-824 4.20