Tiglutik®
riluzole
oral suspension
50 mg/10 mL (5 mg/mL)

Prescription Order Form

Fax to (855) 813-2039

Please call Anovo at (844) 763-1198 if you need assistance ordering TIGLUTIK

Patient Information:

Name_____ ☑ Male ☑ Female Date of Birth _____/_____/_____

Address_____ City_____ State_____ ZIP_____

Home Phone_____ Work Phone_____ Cell Phone_____

Emergency Contact_____ Phone_____ Relationship_____

Caregiver Name_____ Phone_____ Relationship_____

Permission for Anovo to talk to caregiver on behalf of patient ☑ Yes ☐ No

Insurance Information:

Please attach copy of front and back of Insurance Card(s)

Primary Insurance Co. Name _____ Insurance Phone #_____ Group #_____

Policy Holder Name _____ Policy Holder DOB_____ Policy #_____

Prescription Card Name _____

Prescription Information:

Drug: ☑ TIGLUTIK 50 mg/10 mL Oral Suspension (300 mL) NDC 70726-0303-2

Route of Administration: Oral ☐ PEG Tube ☑

Directions: _____

Quantity: 600 mL (30-day supply) or_____ **Refill:**____

Diagnosis/ICD-10_____

Allergies _____

_____

_____

Prescriber Information:

Prescriber Signature_____ Date _____/_____/_____

Prescriber Name_____ Practice/Facility Name_____

Prescriber Specialty_____

Address_____ City_____ State_____ ZIP_____

Phone_____ Fax_____ Email Address_____

NPI #_____ Name of Contact Person_____ Contact Person #, ext or email_____

Web

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