

Anovo

Toll Free Phone 1-844-288-5007 | Toll Free Fax 1-855-813-2039
1710 N Shelby Oaks Dr, Suite 2 Memphis, TN 38134



TIGLUTIK
Prescription Order Form
Fax to 855-813-2039

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 _____

Insurance Information:

Please attach copy of front and back of Insurance Card(s)
Primary Insurance Co. Name _____
Policy Holder Name _____
Policy Holder DOB _____ Policy # _____
Insurance Phone# _____ Group # _____
Prescription Card Name _____

Prescription Information:

Drug: TIGLUTIK 50mg/10mL Oral Suspension (300 mL) NDC 70726-0303-2
Directions: Take 10mL (50mg) by mouth twice daily 1 hour before or 2 hours after a meal.
Additional Directions: _____
Quantity: 600mL (30 day supply) or _____ **Refill:** _____

Diagnosis / ICD10 Code _____
Allergies _____

Prescriber Information:

Prescriber Signature _____ / _____ Date _____
(Substitutions Permitted) (Dispense as Written)
Prescriber Name _____ Practice/Facility Name _____ Prescriber Specialty _____
Address _____ City _____ State _____ ZIP _____
Phone _____ Fax _____ Email Address _____
DEA # _____ NPI # _____ Name of Contact Person _____ Contact Person #, ext or email _____