Prescription Fax Form

PLEASE SIGN AND FAX COMPLETED FORM TO:

RVL PHARMACY

RVL Pharmacy
FAX: **844-567-3937**
PHONE: **844-RVL-EYES (844-785-3937)**

UPNEEQ®
(oxymetazoline hydrochloride ophthalmic solution), 0.1%*

*Each mL of UPNEEQ contains 1 mg of oxymetazoline hydrochloride, equivalent to 0.9 mg (0.09%) of oxymetazoline free base.

1 Patient Information

*REQUIRED FIELD OR SECTION

First Name* | MI | Last Name*

Date of Birth* mm / dd / yyyy | Gender* ☐ Male ☐ Female

Street Address*

City* | State* | ZIP*

Primary Phone* | Mobile Phone

2 Physician Information

Physician Name*

State License #* | Physician NPI*

Office Name

Phone* | Fax

Street Address*

City* | State* | ZIP*

Office Contact Name | Office Contact Phone

3 UPNEEQ Information (This section must be filled out in its entirety.)

UPNEEQ® (oxymetazoline hydrochloride ophthalmic solution), 0.1% Prescription Information*

Directions for Use

☐ 1 drop in affected eye daily ☐ Other:

Quantity (circle one) 90 OR 30 | Refills (circle one) 3 11 Other:

SIGN HERE

Prescriber Signature (No Stamps)
✕

Date

Distributed by:
RVL Pharmaceuticals, Inc.
Bridgewater, NJ 08807
Customer Service: 1-866-600-4799
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