

FERTILITY ENROLLMENT & PRESCRIPTION FORM

PHONE: 800-641-8475 **FAX**: 800-530-8589 **WEB**: www.HealthDyneSpecialty.com

Patients may not submit prescriptions via fax and must submit original copies in person or via the mail. Prescribers are reminded patients may choose any pharmacy of their choice.

| | | patients ma | y choose a | any pnarmac | y or their | r choice. | | | | | | |
|-----------------------------------|--|---|------------|----------------|--------------------|------------------|----------------------------------|---|----------------------------------|-----------------|-----------|-----------|
| | Patient: Caregiver: | | | | | | | | | | | |
| PATIENT INFORMATION | DOB: | _ Male Fem | nale Weig | ht: | kgs or | lbs (check o | ne) Height: | in or | cm (check one) | Recorded Da | ite: | |
| | | | | | | : | | | | | | |
| | Best Phone #: | #: Cell Alternate Phone #: | | | | | | Cell | Email: | | | |
| | - | | | | | | | | | | rgy: Y | es No |
| | ICD-10 Code for requested therapy: ICD-10 Code(s) for other medical conditions: | | | | | | | | | | | |
| ENT | PLEASE FAX COPY OF ALL INSURANCE CARDS (FRONT & BACK) INCLUDING MEDICAL AND PRESCRIPTION | | | | | | | | | | | |
| MEDICAL | Has patient tried and failed Clomiphene Citrate? Yes No If yes, how many cycles did patient complete? | | | | | | | | | | | |
| ASSESSMENT | PLEASE PROVIDE ALL CLINICAL INFORMATION INCLUDING LAB RESULTS ON ALL FORMS | | | | | | | | | | | |
| ⋖ | | | | | | | | | | | | |
| | MEDICATION | DOSE/STRENG | TH DIR | RECTIONS | QTY | REFILLS | MEDICATION | DOSE/ST | RENGTH DIF | RECTIONS | QTY | REFILLS |
| | Ganirelix Acetate | 250mcg/ 0.5mL syringe | | | | | Progesterone in oil (Sesame oil) | 50mg/mL v | vial | | | |
| SUPPLIES PRESCRIPTION INFORMATION | Cetrotide | 0.25mg kit 3mg kit | | | | | Progesterone | mg | caps | | | |
| | Leuprolide Acetate | 2-week kit | | | | | Crinone 8% | 15 appl (26 | 6.1GM) | | | |
| | Bravelle | 75 unit vial | | | | | Endometrin | 100mg | | | | |
| | Menopur | 75 unit vial | | | | | Estradiol | m | ng tabs | | | |
| | Repronex | 75 unit vial | | | | | Clomiphene Citrate | 50mg tabs | ; | | | |
| | Follistim | 150 unit AQ vi 300 unit AQ Cartridge 600 unit AQ Cartridge 900 unit AQ | ial | | | | Gonal-f RFF | 75 unit v 300 unit 450 unit 900 unit 450 unit | t pen t pen t pen t MDV | | | |
| | Follistim Pen | Cartridge | | | | | | noso un | | | | |
| | Doxycycline Hyclate | 100mg tablet | | | | | Birth Control | | 9 | | | |
| | Vivelle Dot | mg patche | es | | | | Folic Acid | 1mg tabs | | | | |
| | Baby Aspirin | 81mg tabs | | | | | Novarel | 10,000 unit | it vial | | | |
| | Prenatal Vitamin | nin | | | | | | , | | | | |
| | HCG DEA# | 10,000 unit vial | | | | | Pregnyl | 10,000 unit | t vial | | | |
| | Ovidrel DEA# | 250mcg syringe | | | | | Other | | | | | |
| | Syringes | | QTY | | | QTY | Syringes | | QTY | , | | |
| | 3cc 18g 1.5" 3cc 22g 1.5" | | | | 22g 1.5" | | Sharps | | | | | |
| | 3cc Insulin syringe | cc G inch | | | 27G .5" 5G 1.5" | | Other | | | | | |
| | INJ | ECTION TRAININ | NG: | OFFICE ' | то сос | ORDINATE | HEALTHD' | YNE SPECI | ALTY TO COO | RDINATE | | |
| | | | | | | | | | | | | |
| PRESCRIBER INFORMATION | Anticipated Start Date: Prescriber Specialty: Ship to: Patient Physician Clinic Other: | | | | | | | | | | | |
| | Ship to: Patient Physician Clinic Other: Fax #: Contact Name: | | | | | | | | | | | |
| | Office Address: | | | | | | | | | | | |
| | The terms and conditions posted at www.HealthDyneSpecialty.com have been read by the person signing this form and are incorporated into this document by reference | | | | | | | | | | | |
| BE | The data privacy t | erms posted at ww | w.HealthDر | yneSpecialty.c | om have | been read by | the person signing th | his form and | are incorporated | into this docum | ent by re | eference. |
| SCR | I understand that HealthDyne Specialty may transfer this prescription to another pharmacy as an agent of the prescriber if unable to dispense. | | | | | | | | | | | |
| , RE | Prescriber's Name | e: | | | Pi | rescriber's Sigr | nature: | | | Date: | | |
| 1 | Use substitution | n Dispense | as written | | | | | | | | | |

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