

Patient Name _____ **DOB** _____ **Allergies** _____
Patient Insurance _____ **Group #** _____ **Member ID** _____
Patient Address _____ **City** _____ **State** _____ **Zip** _____
Contact Phone # _____ **Patient Email** _____ **Deliver to** Patient Patient will pick up
 Approved to use generic brands MD Office

- | | |
|--|--|
| <input type="checkbox"/> Cetrotide 0.25mg _____ Kits _____ Refills
Sig. _____ | <input type="checkbox"/> Leuprolide Acetate 2-week kit 2.8ml _____ Kits _____ Refills
Sig. _____ <input type="checkbox"/> Extra Lupron Syringes (#20) |
| <input type="checkbox"/> Gonal F 75IU Vial _____ Vials _____ Refills | <input type="checkbox"/> Lupron Microdose (CMPD) 40mcg/0.2cc Vial _____ Vials _____ Refills
Sig. _____ |
| <input type="checkbox"/> Gonal F 300 IU Pen _____ Pens _____ Refills | <input type="checkbox"/> Lupron Trigger PFS (CMPD) |
| <input type="checkbox"/> Gonal F 450 IU Pen _____ Pens _____ Refills | <input type="checkbox"/> 2mg/0.4ml <input type="checkbox"/> 4mg/0.8ml _____ PFS _____ Refills
Sig. _____ |
| <input type="checkbox"/> Gonal F 900 IU Pen _____ Pens _____ Refills | <input type="checkbox"/> Ovidrel 250mcg PFS _____ PFS _____ Refills
Sig. _____ |
| <input type="checkbox"/> Gonal F 450 IU Multi Dose _____ Vials _____ Refills | <input type="checkbox"/> Pregnyl 10,000 units <input type="checkbox"/> Novarel 5,000 units _____ Vials _____ Refills
Sig. _____ <input type="checkbox"/> SQ <input type="checkbox"/> IM |
| <input type="checkbox"/> Gonal F 1050 IU Multi Dose _____ Vials _____ Refills
Sig. _____ | <input type="checkbox"/> Progesterone in Oil _____ Vials _____ Refills |
| <input type="checkbox"/> Menopur 75IU _____ Vials _____ Refills
Sig. _____ <input type="checkbox"/> SQ <input type="checkbox"/> IM | <input type="checkbox"/> Sesame Oil <input type="checkbox"/> Ethyl Oleate (CMPD) |
| <input type="checkbox"/> Heparin 5,000 units/ml (1ml vial) _____ Vials _____ Refills
Sig. _____ | <input type="checkbox"/> 50mg/ml (10ml Vial) <input type="checkbox"/> 50mg/ml <input type="checkbox"/> 100mg/ml (10ml Vial)
Sig. _____ |
| <input type="checkbox"/> Enoxaparin 40mg (Lovenox) _____ PFS _____ Refills
Sig. _____ | <input type="checkbox"/> Progesterone Vaginal Suppositories (CMPD) |
| <input type="checkbox"/> Omnitrope 5.8mg _____ Vials _____ Refills
Sig. _____ | <input type="checkbox"/> 50mg <input type="checkbox"/> 100mg <input type="checkbox"/> 200mg _____ Supps _____ Refills
Sig. _____ |
| <input type="checkbox"/> Doxycycline Hyclate 100 mg _____ Caps _____ Refills
Sig. _____ | <input type="checkbox"/> Crinone 8% Gel _____ Apps _____ Refills
Sig. _____ |
| <input type="checkbox"/> Z-Pak _____ Paks _____ Refills
Sig. _____ | <input type="checkbox"/> Endometrin 100mg _____ Inserts _____ Refills
Sig. _____ |
| <input type="checkbox"/> Prenate Ultra Tabs _____ Tabs _____ Refills
Sig. _____ | <input type="checkbox"/> Dexamethasone 0.75mg _____ Tabs _____ Refills
Sig. _____ |
| <input type="checkbox"/> Letrozole 2.5mg _____ Tabs _____ Refills
Sig. _____ | <input type="checkbox"/> Vivelle Dot/ Miniville Patch 0.1mg/day _____ Patches _____ Refills
Sig. _____ |
| <input type="checkbox"/> Clomid 50mg _____ Tabs _____ Refills
Sig. _____ | <input type="checkbox"/> Estrace <input type="checkbox"/> 1mg <input type="checkbox"/> 2mg _____ Tabs _____ Refills
Sig. _____ |
| <input type="checkbox"/> Medrol Tabs <input type="checkbox"/> 4mg <input type="checkbox"/> 16mg _____ Tabs _____ Refills
Sig. _____ | <input type="checkbox"/> Estradiol Valerate <input type="checkbox"/> 20mg/ml <input type="checkbox"/> 40mg/ml _____ 0.5ml Vial _____ Refills
Sig. _____ |
| <input type="checkbox"/> Synera Patch 70mg _____ Boxes _____ Refills
Sig. _____ | <input type="checkbox"/> E2V2 Suppositories <input type="checkbox"/> 1mg <input type="checkbox"/> 2mg _____ Supps _____ Refills
Sig. _____ |

Sharps Package (Alcohol swabs, sharps container)

Anticipated Start Date _____ Today's Date _____
 Physician's Signature _____, M.D.

- Other _____ QTY _____ Refills
Sig. _____
- Other _____ QTY _____ Refills
Sig. _____

Notes: _____

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Sig. _____
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- Gonal F 450 IU Pen _____ Pens _____ Refills
- Gonal F 900 IU Pen _____ Pens _____ Refills
- Gonal F 450 IU Multi Dose _____ Vials _____ Refills
- Gonal F 1050 IU Multi Dose _____ Vials _____ Refills
Sig. _____
- Menopur 75IU _____ Vials _____ Refills
Sig. _____ SQ IM
- Heparin 5,000 units/ml (1ml vial) _____ Vials _____ Refills
Sig. _____
- Enoxaparin 40mg (Lovenox) _____ PFS _____ Refills
Sig. _____
- Omnitrope 5.8mg _____ Vials _____ Refills
Sig. _____
- Doxycycline Hyclate 100 mg _____ Caps _____ Refills
Sig. _____
- Z-Pak _____ Paks _____ Refills
Sig. _____
- Prenate Ultra Tabs _____ Tabs _____ Refills
Sig. _____
- Letrozole 2.5mg _____ Tabs _____ Refills
Sig. _____
- Clomid 50mg _____ Tabs _____ Refills
Sig. _____
- Medrol Tabs 4mg 16mg _____ Tabs _____ Refills
Sig. _____
- Synera Patch 70mg _____ Boxes _____ Refills
Sig. _____

- Leuprolide Acetate 2-week kit 2.8ml _____ Kits _____ Refills
Sig. _____ Extra Lupron Syringes (#20)
- Lupron Microdose (CMPD) 40mcg/0.2cc Vial _____ Vials _____ Refills
Sig. _____
- Lupron Trigger PFS (CMPD)
 2mg/0.4ml 4mg/0.8ml _____ PFS _____ Refills
Sig. _____
- Ovidrel 250mcg PFS _____ PFS _____ Refills
Sig. _____
- Pregnyl 10,000 units Novarel 5,000 units _____ Vials _____ Refills
Sig. _____ SQ IM
- Progesterone in Oil _____ Vials _____ Refills
- Sesame Oil Ethyl Oleate (CMPD)
- 50mg/ml (10ml Vial) 50mg/ml 100mg/ml (10ml Vial)
Sig. _____
- Progesterone Vaginal Suppositories (CMPD)
 50mg 100mg 200mg _____ Supps _____ Refills
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Sig. _____
- Endometrin 100mg _____ Inserts _____ Refills
Sig. _____
- Dexamethasone 0.75mg _____ Tabs _____ Refills
Sig. _____
- Vivelle Dot/ Miniville Patch 0.1mg/day _____ Patches _____ Refills
Sig. _____
- Estrace 1mg 2mg _____ Tabs _____ Refills
Sig. _____
- Estradiol Valerate 20mg/ml 40mg/ml _____ 0.5ml Vial _____ Refills
Sig. _____
- E2V2 Suppositories 1mg 2mg _____ Supps _____ Refills
Sig. _____
- Other _____ QTY _____ Refills
Sig. _____
- Other _____ QTY _____ Refills
Sig. _____

Sharps Package (Alcohol swabs, sharps container)

Anticipated Start Date _____ Today's Date _____
 Physician's Signature _____, M.D.

Notes: _____

