

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

- Cetrotide 0.25mg _____ Kits _____ Refills
Sig. _____
- Gonal F 75IU Vial _____ Vials _____ Refills
- Gonal F 300 IU Pen _____ Pens _____ Refills
- 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
Sig. _____
- Crinone 8% Gel _____ Apps _____ Refills
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: _____

