Fertility

Rx International Pharmacy

Phone: (305) 221-1421
Fax: (305) 221-3275

PATIENT INFORMATION

(Complete the following or include demographic sheet)

Patient Name: _____
Address: _____
City, State, Zip: _____
Primary Phone: _____ ☐Home ☐Cell ☐Work
Alternate Phone: _____ ☐Home ☐Cell ☐Work
DOB: _____ Gender: ☐Male ☐Female
E-mail: _____
Last Four of SS #: _____ Primary Language: _____

PRESCRIBER INFORMATION

Prescriber's Name: _____
State License #: _____ NPI #: _____
DEA #: _____
Group or Hospital: _____
Address: _____
City, State Zip: _____
Phone: _____ Fax: _____
Contact Person: _____ Phone: _____

INSURANCE INFORMATION

Please fax copy of prescription and insurance cards with this form, if available (front and back)

DIAGNOSIS AND CLINICAL INFORMATION

Diagnosis (ICD-9 or ICD-10)

☐ 628 Female Infertility ☐ Other: _____
☐ ICD-10 Code & Description: _____

Height: _____ in/cm Weight: _____ kg/lbs Allergies: _____

PRESCRIPTION INFORMATION

MEDICATION	DOSE/STRENGTH	DIRECTIONS	QUANTITY	REFILLS	MEDICATION	DOSE/STRENGTH	DIRECTIONS	QUANTITY	REFILLS
☐ Ganirelix Acetate	250mcg/0.5ml syringe				☐ Low Dose HCG				
☐ Cetrotide	☐ 0.25mg kit ☐ 3mg kit				☐ Insulin Syringe	0.5cc			
☐ Leuprolide Acetate	2-week kit				☐ Progesterone in oil	50mg/ml vial			
☐ Lupron (DAW)	2-week kit				☐ Progesterone in Cottonseed oil	50mg/ml vial			
☐ Insulin Syringe	0.5cc				☐ Progesterone in Olive oil	50mg/ml vial			
☐ Microdose Leuprolide	50mcg/0.1ml 10ml vial				☐ 3cc 18g 1.5" Syringe, 22g 1.5" Needle				
☐ Insulin Syringe	0.5cc				☐ Progesterone	____ mg caps			
☐ Bravelle	75 unit vial				☐ Progesterone suppositories	____ mg			
☐ Menopur	75 unit vial				☐ Crinone 8%	15 appl (26.1GM)			
☐ Repronex	75 unit vial				☐ Endometrin	100mg			
☐ Q-Cap IM (3cc syringe only, 25g 1.5" needle)					☐ Vivelle Dot	____ mg patches			
☐ Q-Cap SubQ (3cc syringe only, 27g 0.5" needle)					☐ Estraderm	____ mg patches			
☐ Follistim	75 unit AQ vial				☐ Estrace	____ mg tabs			
☐ Follistim	150 unit AQ vial				☐ Femtrace	____ mg			
☐ Follistim	300 unit AQ Cartridge				☐ Clomiphene Citrate	50mg tabs			
☐ Follistim	600 unit AQ Cartridge				☐ Methylprednisolone	____ mg			
☐ Follistim	900 unit AQ Cartridge				☐ Doxycycline	100mg tabs			
☐ Follistim Pen					☐ Baby Aspirin	81mg tabs			
☐ Gonal-f RFF	75 unit vial				☐ Birth Control				
☐ Gonal-f RFF Redi-ject	300 unit pen				☐ Prenatal Vitamin				
☐ Gonal-f RFF Redi-ject	450 unit pen				☐ Folic Acid	1mg tabs			
☐ Gonal-f RFF Redi-ject	900 unit pen				☐ IM (3cc22g1.5" syringe, 25g 1.5" needle)				
☐ Gonal-f RFF	450 unit MDV				☐ SubQ (3cc22g1.5" syringe, 27g 0.5"needle)				
☐ HCG	10,000 unit vial				☐				
☐ Novarel	10,000 unit vial				☐				
☐ Ovidrel	250mcg syringe				☐ Sharps container				
☐ Pregnyl	10,000 unit vial				☐ Patient Edu.				

☐ Patient is interested in patient support programs

Ancillary supplies and kits provided as needed for administration

Prescriber's Signature: _____ Date: _____

I authorize Rx International Pharmacy and its representatives to act as an agent to initiate and execute the insurance prior authorization process.