FERTILITY AGENTS



PHONE: 888-903-7453 • FAX: 888-958-2831 • www.praxisrx.com

PATIENT INFORMATION									
Patient: Caregiver: Caregiver: DOB:									
DOB:	Male or Female Weight: kgs or lbs (check one) Allergies: City: State: Zip:								
Address:					City: State: Zip: Alternate Phone #: [Cell
Email:									
CLINICAL INFORMATION									
ICD-10 Code: □N97.0 □N97.1 □N97.2 □N97.8 □N97.9 □Other									
Has patient tried and failed Clomiphene Citrate?									
PRESCRIPTION INFORMATION									
MEDICATION	DOSE/STRENGTH	DIRECTIONS	QUANTITY	REFILLS	MEDICATION	DOSE/STRENGTH	DIRECTIONS	QUANTITY	REFILLS
☐ Ganirelix Acetate	250mcg/0.5mL syringe				Progesterone in oil (Sesame oil)	50mg/mL vial			
Cetrotide	☐ 0.25mg kit☐ 3mg kit				Progesterone	mg caps			
Leuprolide Acetate	2-week kit				☐ Crinone 8%	15 appl (26.1GM)			
Bravelle	75 unit vial				☐ Endometrin	100mg			
☐ Menopur	75 unit vial				Estradiol	mg tabs			
Repronex	75 unit vial				Clomiphene Citrate	50mg tabs			
☐ Follistim	☐ 150 unit AQ vial				☐ Gonal-f RFF	☐ 75 unit vial			
	☐ 300 unit AQ					☐ 300 unit pen			
	Cartridge ☐ 600 unit AQ					450 unit pen			
	Cartridge					900 unit pen 450 unit MDV			
	900 unit AQ Cartridge					1050 unit MDV			
Follistim Pen					Methylprednisolone	mg			
Doxycycline	100mg tabs				Birth Control				
Vivelle Dot	mg patches				Folic Acid	1mg tabs			
Baby Aspirin	81mg tabs				Novarel	10,000 unit vial			
Prenatal Vitamin					Pregnyl	10,000 unit vial			
HCG	10,000 unit vial								
Ovidrel	250mcg syringe								
SUPPLIES									
Syringes		QTY Nee	dles	QTY			QTY		
3cc 18g 1.5"			1.5"		Insulin syringecc	Ginch			
3cc 22g 1.5" 3cc		27G 25G	.5" 1.5"		Sharps Other				
PRESCRIBER I	NFORMATION								
Anticipated Start Date: Prescriber Specialty:									
Ship to: ☐ Patient ☐ Physician ☐ Clinic ☐ Other:									
Prescriber: NPI #: DEA#: Phone #:									
Fax #: Contact Name:									
Office Address: State: Zip:									
I authorize PraxisRx and its representatives to act as an agent to initiate/execute the insurance prior authorization process, coordinate and receive patient lab values, and coordinate injection training.									
Physician's Signature: Date:									

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