FERTILITY AGENTS

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

PraxisRx

PATIENT INFORMATION

Patient:_____ Caregiver: _____

DOB:_____ ☐ Male or ☐ Female Weight:_____ ☐ kgs or ☐ lbs (check one) Allergies:_____

Address:_____ City:_____ State:_____ Zip:_____

Primary Phone #:_____ ☐ Cell 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? ☐ Yes ☐ No If yes, how many cycles did patient complete? _____

PRESCRIPTION INFORMATION

MEDICATION	DOSE/STRENGTH	DIRECTIONS	QUANTITY	REFILLS
☐ Ganirelix Acetate	250mcg/0.5mL syringe			
☐ Cetrotide	☐ 0.25mg kit ☐ 3mg kit			
☐ Leuprolide Acetate	2-week kit			
☐ Bravelle	75 unit vial			
☐ Menopur	75 unit vial			
☐ Repronex	75 unit vial			
☐ Follistim	☐ 150 unit AQ vial ☐ 300 unit AQ Cartridge ☐ 600 unit AQ Cartridge ☐ 900 unit AQ Cartridge			
Follistim Pen				
Doxycycline	100mg tabs			
Vivelle Dot	_____ mg patches			
Baby Aspirin	81mg tabs			
Prenatal Vitamin				
HCG	10,000 unit vial			
Ovidrel	250mcg syringe			

MEDICATION	DOSE/STRENGTH	DIRECTIONS	QUANTITY	REFILLS
☐ Progesterone in oil (Sesame oil)	50mg/mL vial			
☐ Progesterone	_____ mg caps			
☐ Crinone 8%	15 appl (26.1GM)			
☐ Endometrin	100mg			
Estradiol	_____ mg tabs			
Clomiphene Citrate	50mg tabs			
☐ Gonal-f RFF	☐ 75 unit vial ☐ 300 unit pen ☐ 450 unit pen ☐ 900 unit pen ☐ 450 unit MDV ☐ 1050 unit MDV			
Methylprednisolone	_____ mg			
Birth Control				
Folic Acid	1mg tabs			
Novarel	10,000 unit vial			
Pregnyl	10,000 unit vial			

SUPPLIES

Syringes	QTY	Needles	QTY		QTY
3cc 18g 1.5”		22G 1.5”		Insulin syringe __cc __G __inch	
3cc 22g 1.5”		27G .5”		Sharps	
3cc		25G 1.5”		Other	

PRESCRIBER INFORMATION

Anticipated Start Date: _____ Prescriber Specialty: _____

Ship to: ☐ Patient ☐ Physician ☐ Clinic ☐ Other: _____

Prescriber: _____ NPI #: _____ DEA#: _____ Phone #: _____

Fax #: _____ Contact Name: _____

Office Address: _____ City: _____ 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: _____