FERTILITY ENROLLMENT & PRESCRIPTION FORM

PHONE: 800-641-8475 **FAX:** 800-530-8589 **WEB:** www.WellDyneSpecialty.com

To submit a new prescription via eRx, use NPI 1902298805. Faxed prescriptions will only be accepted from prescribing practitioners. Patients may not submit prescriptions via fax and must submit original copies in person or via the mail. Prescribers are reminded patients may choose any pharmacy of their choice.

PATIENT INFORMATION

Patient: ______ Caregiver: ______

DOB: ______ Male Female Weight: ______ kgs or lbs (check one) Height: ______ in or cm (check one) Recorded Date: ______

Address: ______ City: ______ State: ______ Zip: ______

Best Phone #: ______ Cell Alternate Phone #: ______ Cell Email: ______

Allergies: ______ Latex Allergy: Yes No

ICD-10 Code for requested therapy: ______ ICD-10 Code(s) for other medical conditions: ______

MEDICAL ASSESSMENT

PLEASE FAX COPY OF ALL INSURANCE CARDS (FRONT & BACK) INCLUDING MEDICAL AND PRESCRIPTION

Has patient tried and failed Clomiphene Citrate? Yes No If yes, how many cycles did patient complete? ______

PLEASE PROVIDE ALL CLINICAL INFORMATION INCLUDING LAB RESULTS ON ALL FORMS

PRESCRIPTION INFORMATION

MEDICATION	DOSE/STRENGTH	DIRECTIONS	QTY	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 Hyclate	100mg tablet			
Vivelle Dot	_____ mg patches			
Baby Aspirin	81mg tabs			
Prenatal Vitamin				
HCG DEA# ______	10,000 unit vial			
Ovidrel DEA# ______	250mcg syringe			

MEDICATION	DOSE/STRENGTH	DIRECTIONS	QTY	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			____ ____ ____ ____ ____ ____
	_______ mg			
Birth Control				
Folic Acid	1mg tabs			
Novarel	10,000 unit vial			
Pregnyl	10,000 unit vial			
Other				

SUPPLIES

Syringes	QTY		QTY
3cc 18g 1.5” 3cc 22g 1.5” 3cc Insulin syringe cc G inch	______ ______ ______ ______	22g 1.5” 27G .5” 25G 1.5”	______ ______ ______

Syringes	QTY
Sharps	
Other	

INJECTION TRAINING: OFFICE TO COORDINATE WELLDYNE SPECIALTY TO COORDINATE

PRESCRIBER INFORMATION

Anticipated Start Date: ______ Prescriber Specialty: ______

Ship to: Patient Physician Clinic Other: ______

Fax #: ______ Contact Name: ______

Office Address: ______ City: ______ State: ______ Zip: ______

The terms and conditions posted at www.WellDyneSpecialty.com have been read by the person signing this form and are incorporated into this document by reference.

The data privacy terms posted at www.WellDyneSpecialty.com have been read by the person signing this form and are incorporated into this document by reference.

I understand that WellDyne Specialty may transfer this prescription to another pharmacy as an agent of the prescriber if unable to dispense.

Prescriber’s Name: ______ Prescriber’s Signature: ______ Date: ______

Use substitution Dispense as written

Confidentiality Statement: This message is intended only for the individual or entity to which it is addressed. It may contain information which may be proprietary and confidential. It may also contain privileged, confidential information which is exempt from disclosure under applicable laws, including the Health Insurance Portability and Accountability Act (HIPAA). If you are not the intended recipient, please note that you are strictly prohibited from disseminating or distributing this information (other than to the intended recipient) or copying this information. If you received this communication in error, please notify the sender immediately by calling (800)-641-8475 to obtain instructions as to the proper destruction of the transmitted material.

©2021. WellDyne® is a servicemark of WellDyneRx, LLC.