

FERTILITY REFERRAL FORM

PHONE: 877.RxHyVee (877.794.9833)
FAX: 855.861.4941



Patient Information				PLEASE FAX INSURANCE CARD (FRONT AND BACK)				Prescriber Information					
Last Name		First Name		DOB				Practice/Facility Name					
Address								Address					
City		State		ZIP		City		State		ZIP			
Phone			SSN					Prescriber Name					
Allergies								Latex Allergy Yes No					
Sex Male Female		Weight (kg)		Height (ft,in)				Prescriber NPI		Nurse/Key Contact		Phone/Pager	
Insurance Plan				Plan ID #				Fax		Email			

Clinical Information								PLEASE FAX CLINICAL AND LAB INFORMATION									
CYRO/AH		CRYO CYCLE		IVF		ISCI/AH		RECIPIENT (Egg Donation)				EGG DONOR		IUI (Partner)		IUI (Donor)	

Prescription Information											
Cetrotide® 0.25mg Sig: _____ Ganirelix Acetate® 250mcg/0.5ml Sig: _____				___ Quantity ___ Refills ___ Quantity ___ Refills		Progesterone Capsules 100mg 200mg Sig: _____ Progesterone in Oil 50mg/ml 10ml vial Sig: _____ 18G 1 1/2" needle 3cc syringe/22G 1 1/2" needle				___ Quantity ___ Refills ___ # ___ Refills ___ # ___ Refills	
Leuprolide Acetate 2 Week Kit Sig: _____ 1/2cc 30G 1/2" insulin syringe Lupron Depot® 3.75mg Sig: _____				___ Quantity ___ Refills ___ # ___ Refills ___ Quantity ___ Refills		Estradiol Tablets 0.5mg 1mg 2mg Sig: _____ Estradiol Patch 0.025mg .05mg 0.1mg Sig: _____ Vivelle Dot® Patch 0.025mg 0.05mg 0.1mg Sig: _____				___ Quantity ___ Refills ___ Quantity ___ Refills ___ Quantity ___ Refills	
Gonal-f® RFF Redi-ject™ 300IU Gonal-f® RFF Redi-ject™ 450IU Gonal-f® RFF Redi-ject™ 900IU Sig: _____				___ Each ___ Refills ___ Each ___ Refills ___ Each ___ Refills		Crinone® 8% Gel Applicators Sig: _____ Endometrin® Vaginal Inserts 100mg Sig: _____ Medroxyprogesterone Tablets 2.5mg 5mg 10mg Sig: _____				___ Quantity ___ Refills ___ Quantity ___ Refills ___ Quantity ___ Refills	
Gonal-f® Multi-Dose 450IU Gonal-f® Multi-Dose 1050IU Sig: _____				___ Quantity ___ Quantity ___ Refills		Clomiphene Citrate Tablets 50mg Sig: _____				___ Quantity ___ Refills	
Follistim AQ® 300IU Cartridge Follistim AQ® 600IU Cartridge Follistim AQ® 900IU Cartridge Sig: _____ Follistim Pen				___ Each ___ Refills ___ Each ___ Refills ___ Each ___ Refills		Doxycycline Capsules/Tablets 100mg Sig: _____ Methylprednisolone Tablets 4mg 8mg 16mg Sig: _____ Azithromycin Tablets 250mg Sig: _____				___ Quantity ___ Refills ___ Quantity ___ Refills ___ Quantity ___ Refills	
Menopur® 75IU Vial Sig: _____ 27G 1/2" needle 3cc syringe/22G 1 1/2" needle				___ Quantity ___ Refills ___ # ___ Refills ___ # ___ Refills		Other Sig: _____				___ Quantity ___ Refills	
Ovidrel® 250mcg Sig: _____ Novarel® 10,000IU Vial Sig: _____ Pregnyl® 10,000IU Vial Sig: _____ 25G 1 1/2" needle 3cc syringe/22G 1 1/2" needle				___ Quantity ___ Refills ___ Quantity ___ Refills		Other Sig: _____				___ Quantity ___ Refills	

Additional Supplies Needed:		Sharps container	Alcohol wipes (Qty _____)
------------------------------------	--	------------------	---------------------------

In order for a brand name product to be dispensed, the prescriber must handwrite "Brand Necessary" or "Brand Medically Necessary," or your state-specific required language to prohibit substitution: _____

PRODUCT SUBSTITUTION PERMITTED/Brand exchange permitted (date) _____ DISPENSE AS WRITTEN/Do Not Substitute (date) _____

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 at the address and telephone number set forth herein and obtain instructions as to proper destruction of the transmitted material. Thank you.