FERTILITY REFERRAL FORM

PHONE 888.370.1724 | **FAX** 877.645.7514

AMBER™ SPECIALTY PHARMACY

Remove above portion before faxing. Please complete the prescription form in its entirety and fax with secure cover sheet to the number above.

PATIENT INFORMATION

Last Name	First Name	DOB	Gender ☐ M ☐ F	Last 4 SSN	Primary Language
Address		City	State	ZIP	
Email	Home Phone	Work Phone	Cell Phone		
Primary Contact Method (check one) ☐ Cell Phone ☐ Home Phone ☐ Work Phone ☐ Text ☐ Email ☐ Primary Caregiver ☐ DO NOT CONTACT					
Primary Caregiver/Alt Contact Name (If applicable)	Alt Contact Email	Alt Contact Phone			

PRESCRIBER INFORMATION

Name of Contact Sending Referral	Title	Preferred Contact Method (check one) ☐ Email ☐ Phone ☐ Fax		
Referral Contact Email	Office Phone	Office Fax		
Practice / Facility Name	Prescriber Name / Specialty			
Address	City	State	ZIP	
Prescriber State License #	DEA #	NPI #	Medicaid UPIN #	

** Please include a copy of the front and back of insurance card **

CLINICAL INFORMATION - Please include applicable clinical chart notes

Patient New to Therapy ☐ Naïve/New Start ☐ Therapy Restart ☐ Existing Treatment	Date of Last Treatment	**Therapy Start Date**
Other/Concomitant Medications (please list)	Patient Height (cm/in):	Weight (kg/lbs): Date Obtained:
Allergies ☐ NKDA ☐ Drug Allergies (please list)		
Ship to Address ☐ Home ☐ Prescriber's Office ☐ Other (please list)		
Check all that Apply ☐ CRYO/AH ☐ CRYO CYCLE ☐ IVF ☐ ISCI/AH ☐ RECIPIENT (Egg Donation) ☐ EGG DONOR ☐ IUI (Partner) ☐ IUI (Donor)		
ICD-10 Code ☐ Code: Description:		

PRESCRIPTION INFORMATION - Please Escribe if required by state law

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 substitutions. This form is not a valid prescription form for writing controlled medications.

☐ Cetrotide® 0.25mg ☐ Ganirelix Acetate® 250mcg/0.5ml ---- ReUnite	____ Quantity ____ Refills
☐ Leuprolide Acetate 2 Week Kit ☐ 1/2cc 30G ½" insulin syringe #_____ Refills_____ ☐ Lupron Depot® 3.75mg	____ Quantity ____ Refills
☐ Gonal-f® RFF Redi-ject™ 300IU ☐ Gonal-f® RFF Redi-ject™ 450IU ☐ Gonal-f® RFF Redi-ject™ 900IU	____ Quantity ____ Refills
☐ Gonal-f® Multi-Dose 450IU ☐ Gonal-f® Multi-Dose 1050IU	____ Quantity ____ Refills
☐ Follistim AQ® 300IU Cartridge ☐ Follistim AQ® 600IU Cartridge ☐ Follistim AQ® 900IU Cartridge ReUnite ☐ Follistim Pen	____ Quantity ____ Refills
☐ Menopur® 75IU Vial ☐ 3cc syringe #_____ Refills_____ ☐ 27G ½" needle #_____ Refills_____	____ Quantity ____ Refills
☐ Ovidrel® 250mcg ☐ Novarel® 10,000IU Vial ☐ Pregnyl® 10,000IU Vial ---------- ReUnite ☐ 3cc syringe 25G 5/8" needle #_____ Refills_____ ☐ 10ml syring #_____ Refills_____ ☐ 3ml syringe #_____ Refills_____ ☐ 22G 1 ½" needle #_____ Refills_____	____ Quantity ____ Refills

☐ Progesterone Capsules ☐ 100mg ☐ 200mg	____ Quantity ____ Refills
☐ Progesterone in Oil 50mg/ml 10ml vial ☐ 3cc syringe 18G 1 ½" needle #_____ Refills_____ ☐ 22G 1 ½" needle #_____ Refills_____	____ Quantity ____ Refills
☐ Estradiol Tablets ☐ 0.5mg ☐ 1mg ☐ 2mg ☐ Estradiol Patch ☐ 0.025mg ☐ .05mg ☐ 0.1mg ☐ Vivelle Dot® Patch ☐ 0.025mg ☐ 0.05mg ☐ 0.1mg	____ Quantity ____ Refills
☐ Crinone® 8% Gel Applicators ☐ Endometrin® Vaginal Inserts 100mg ☐ Medroxyprogesterone Tablets ☐ 2.5mg ☐ 5mg ☐ 10mg	____ Quantity ____ Refills
☐ Clomiphene Citrate Tablets 50mg	____ Quantity ____ Refills
☐ Doxycycline Capsules/Tablets 100mg ☐ Methylprednisolone Tablets ☐ 4mg ☐ 8mg ☐ 16mg ☐ Azithromycin Tablets 250mg	____ Quantity ____ Refills
☐ Other	____ Quantity ____ Refills
☐ Other	____ Quantity ____ Refills
☐ Other	____ Quantity ____ Refills
☐ Other	____ Quantity ____ Refills

Additional Supplies Needed: ☐ Sharps container ☐ Alcohol wipes, Qty _____

Prescriber Signature _____ Date _____

Supervising Physician Signature (where required by state law) _____ Date _____

DAW (Dispense as Written) _____ Date _____

Brand Necessary (must handwrite) _____

Note: *The information contained in this document will become a legal prescription. Prescriber is to comply with his/her state specific Pharmacy and Medical Board guidelines such as e-prescribing, state specific prescription form, fax language, number of prescriptions allowed on a single prescription form, etc. If more than one page is required, make additional copies. Non-compliance with state specific requirements could result in outreach to the prescriber.*

REV.0122