



# Fertility Referral Form

Phone (888) 370.1724 Fax: (877) 645.7514  
10004 S. 152nd St, Suite A, Omaha NE 68138

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

**DATE NEEDED** \_\_\_\_\_ \*Please attach copy of dosing calendar if available  
 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.