FERTILITY
Patient Referral & Rx Form

Please Include All Medical Records and Labs. Please Fax to 716.508.8482

COTTRILL'S SP
www.cottrillspharmacy.com

PATIENT INFORMATION

Last Name _____ First Name _____ DOB _____
Address _____ City _____ State _____ Zip _____
Gender ☐ Male ☐ Female Height _____ Weight _____ Social Security # _____
Home Phone _____ Cell _____ Email Address _____
Allergies _____ Emergency Contact Name _____ Phone _____

INSURANCE INFORMATION

Please provide a current copy of insurance card(s) or complete the following information

Primary Insurance _____ Policy# _____ Group# _____ Phone _____
Policy Holders Name _____ DOB _____
Secondary Insurance _____ Policy# _____ Group# _____ Phone _____
Policy Holders Name _____ DOB _____

CLINICAL INFORMATION

Please fax recent clinical notes, labs or tests with the prescription to expedite the prior authorization

Check Appropriate Boxes: ☐ CRYO / AH ☐ CRYO Cycle ☐ IVF ☐ ICS / AH ☐ RECIPIENT (Egg Donation) ☐ EGG DONOR ☐ IUI (PARTNER) ☐ IUI (DONOR) Anticipated Start Date: _____ ICD 10: _____

PRESCRIPTION INFORMATION

☐ **Desogen** ☐ Other: _____ Qty (Packs) _____
Sig.: _____ (= _____ days) Refills _____

☐ **Leuprolide Acetate** 1mg/0.2ml – 2 week kit
☐ 10 1/2mL Insulin Syringes Qty (Kits) _____
Sig.: _____ (= _____ days) Refills _____

☐ **Microdose Leuprolide Acetate** 40 mcg/ 0.2 ml 10ml vial
☐ # 20 1/2mL Insulin Syringes Qty (Vials) _____
Sig.: _____ Refills _____

☐ **Leuprolide Trigger** 4 mg PFS-80 Unit PFS _____
Sig.: _____ (= _____ days) Refills _____

☐ **Ganirelix Acetate for Injection** 250mcg Qty _____
Sig.: _____ (= _____ days) Refills _____

☐ **Cetrotide** 0.25mg Qty (Kits) _____
Sig.: _____ (= _____ days) Refills _____

☐ **Follistim AQ Cartridge** ☐ **Follistim Pen**
Qty: _____ 300 _____ 600 _____ 900 International units
Sig.: _____ (= _____ days) Refills _____

☐ **Menopur 75 International Units** ☐ IM _____ ☐ SC Qty (Vials)
☐ #____ 3cc 22g 1½" syringes/needles ☐ #_____ g ___ " needles
Sig.: _____ (= _____ days) Refills _____

☐ **Low Dose HCG** Qty (Vials) _____
☐ 10 International Units / 0.1ml _____ International Units /_____ml
☐ _____1 ml Insulin Syranges
Sig.: _____ (= _____ days) Refills _____

☐ **HCG** 10,000 International Units ☐ **Novarel** 10,000 International Units
☐ Pregnyl 10,000 International Units Qty (Vials) _____
☐ #_____ 3cc 22g 1½" syringes/needles ☐#_____ g ___ " needles
Sig.: _____ (= _____ days) Refills _____

☐ **Ovidrel** 250mcg Prefilled Syringes Qty (PFS) _____
Sig.: _____ (= _____ days) Refills _____

☐ **Crinone** 8% Gel – 15 per box _____ Qty (Apps) _____
Sig.: _____ (= _____ days) Refills _____

☐ **Endometrin Vaginal Tablet** 100mg-21 tabs per box Qty (Vials) ____
Sig.: _____ Refills_____

☐ **Progesterone in Oil** 50mg/ml 10ml PFS _____
☐ Sesame ☐ Olive ☐ Ethyl Oleate ☐ Cottonseed
☐ # _____ 3cc 18g 1½" needle ☐#_____ 22g 1½" needles
☐ 23g 1" needle ☐ 25g 1" needle

☐ **Progesterone Suppositories** _____ mg Qty (Supps) _____
Sig.: _____ (= _____ days) Refills _____

☐ **Prometrium** _____ mg Qty (Caps) _____
Sig.: _____ (= _____ days) Refills _____

☐ **Progesterone 10% cream with applicator** Qty (Caps) _____
Sig.: _____ (= _____ days) Refills _____

☐ **Medrol** _____ mg Qty (grams) _____
Sig.: _____ (= _____ days) Refills _____

☐ **Doxycycline** 100gm Qty (Caps) _____
Sig.: _____ (= _____days) Refills _____

☐ **Clomid** 50mg ☐ **Clomiphene Citrate** 50mg Qty (Tabs) _____
Sig.: _____ (= _____ days) Refills _____

☐ **Estrace** ☐ 1 mg ☐ 2 mg Qty (Tabs) _____
Sig.: _____ (= _____ days) Refills _____

☐ **Estradiol Patch** _____ mg Qty (Patches) _____
Sig.: _____ (= _____ days) Refills _____

☐ **Other** Qty _____
Sig.: _____ (= _____ days) Refills _____

PHYSICIAN INFORMATION

Physician Name _____ NPI# _____
License# _____ State _____ DEA# _____
Address _____ City _____ State _____ Zip _____
Phone _____ Fax _____ Office Contact _____

_____
Product Selection Permitted Dispense as Written Date

Cottrill's will verify insurance benefits, initiate PA's and notify patient prior to admission of any out of pocket expenses or co-payments