FREEDOM FERTILITY PHARMACY
MEDICATION ORDER

Phone: 800-660-4283
Fax: 888-660-4283

Center: _____
Address: _____
_____
Phone: _____ **Fax:** _____

Prescribing Physician: _____
NPI: _____
DEA: _____

PATIENT INFORMATION Anticipated Start Date: _____

First Name: _____ Last Name: _____

DOB: ____/____/_____ Allergies: _____ Medical Conditions: _____

Address: _____ City: _____ State: _____ ZIP: _____

Home Phone: (_____)_____-_____ Work Phone: (_____)_____-_____ Cell Phone: (_____)_____-_____

❑ **CRYO/AH** ❑ **CRYO CYCLE** ❑ **IVF** ❑ **ICSI/AH** ❑ **RECIPIENT (Egg Donation)** ❑ **EGG DONOR** ❑ **IUI (Partner)** ❑ **IUI (Donor)**

❑ **Cetrotide®** 0.25mg ____ Kits to be dispensed
Sig: _____ ____ Refills

❑ **Ganirelix Acetate** 250mcg/0.5ml ____ PFS to be dispensed
Sig: _____ ____ Refills

❑ **Leuprolide Acetate** 2 Week Kit ____ Kits to be dispensed
❑ *Extra Leuprolide Syringes to be refilled only after request by patient*
Sig: _____ ____ Refills

❑ **Microdose Leuprolide Acetate** *Compounded Preparation*
❑ 40mcg/0.1ml ❑ 40mcg/0.2ml
❑ 50mcg/0.1ml ❑ 50mcg/0.2ml ____ 6ml vials to be dispensed
❑ *Leuprolide Syringes* ____ #
Sig: _____ ____ Refills

❑ **Lupron Depot®** 3.75mg ____ Kits to be dispensed
Sig: _____ ____ Refills

❑ **Gonal-f® RFF** Redi-ject™ 300IU ____ Each ____ Refills
❑ **Gonal-f® RFF** Redi-ject™ 450IU ____ Each ____ Refills
❑ **Gonal-f® RFF** Redi-ject™ 900IU ____ Each ____ Refills
Sig: _____

❑ **Gonal-f® Multi-Dose** 450IU ____ Vials to be dispensed
❑ **Gonal-f® Multi-Dose** 1050IU ____ Vials to be dispensed
Sig: _____ ____ Refills

❑ **Follistim AQ** 300IU Cartridge ____ Each ____ Refills
❑ **Follistim AQ** 600IU Cartridge ____ Each ____ Refills
❑ **Follistim AQ** 900IU Cartridge ____ Each ____ Refills
Sig: _____
☑ Follistim Pen ____ Pens ____ Refills

❑ **Menopur®** 75IU Vial ____ Vials to be dispensed
Sig: _____ ____ Refills
❑ 27g ½" needle ____ # ____ Refills
❑ 3cc syringe ____ # ____ Refills

❑ **Leuprolide Acetate Trigger Kit**
MG to be injected: _____mg ____ Kits to be dispensed
Sig: ___Inject ___ml SQ for trigger shot_ ____ Refills

❑ **Other** _____ ____ To be dispensed
Sig: _____ ____ Refills

❑ **Other** _____ ____ To be dispensed
Sig: _____ ____ Refills

❑ **Crinone® 8% Gel** Applicators ____ Apps to be dispensed
Sig: _____ ____ Refills

❑ **Endometrin®** 100mg ____ Inserts to be dispensed
Sig: _____ ____ Refills

❑ **Progesterone in Sesame Oil** 50mg/ml ____ 10ml vials to be dispensed
Sig: _____ ____ Refills
❑ 18g 1½" 3cc syringe & needle ____ # ____ Refills
❑ 22g 1½" needle ____ # ____ Refills

❑ **Progesterone Vaginal Suppositories** *Compounded Preparation*
❑ 50mg ❑ 100mg ❑ 200mg ____ Supp. to be dispensed
Sig: _____ ____ Refills

❑ **Progesterone Vaginal Caps** 200mg *Compounded Preparation*
____ Caps to be dispensed
Sig: _____ ____ Refills

❑ **Prometrium®** ❑ 100mg ❑ 200mg ____ Caps to be dispensed
Sig: _____ ____ Refills

❑ **Estrace®** ❑ 1mg ❑ 2mg ____ Tabs to be dispensed
Sig: _____ ____ Refills

❑ **Vivelle Dot** ❑ 0.05mg ❑ 0.1mg ____ Dots to be dispensed
Sig: _____ ____ Refills

❑ **Clomiphene Citrate** 50mg ____ Tabs to be dispensed
Sig: _____ ____ Refills

❑ **Doxycycline** 100mg ____ Caps to be dispensed
Sig: _____ ____ Refills

❑ **Medrol®** ❑ 4mg ❑ 8mg ❑ 16mg ____ Tabs to be dispensed
Sig: _____ ____ Refills

❑ **Z-pak** ____ To be dispensed
Sig: _____ ____ Refills

❑ **Other** _____ ____ To be dispensed
Sig: _____ ____ Refills

❑ **Sharps Package** – Sharps disposal unit, alcohol wipes, gauze, disposal instructions, etc.
❑ 22g 1½" 3cc syringe and needle ____ # ____ Refills
❑ 18g 1½" 3cc syringe and needle ____ # ____ Refills
❑ 25g 5/8" needle ____ # ____ Refills
❑ 20g 1½" filter needle ____ # ____ Refills

Submitted by: _____RN, IVF **Today's Date:** _____

Prescriber's Signature: _____ *PRESCRIBER MUST SIGN MEDICATION ORDER!

Date: _____ Dispense as written: _____ Date: _____ Substitution allowed: _____