CureStat Rx
Home Infusion and Specialty Pharmacy

FERTILITY REFERRAL FORM

Phone: (888)963-6544 Fax: (858)281-0045

PATIENT INFORMATION ☐ Deliver Here

Patient Name: _____
DOB: _____ Gender: ☐ Male ☐ Female
Address: _____
City_____ State_____ Zip: _____
Primary Phone: _____ SSN: _____
Caregiver Name: _____
Alternate Phone: _____
Please fax a copy of front and back of insurance card(s).

PRESCRIBER INFORMATION ☐ Deliver Here

Prescriber Name: _____
State License #: _____ DEA #: _____
NPI #: _____
Address: _____
City_____ State_____ Zip: _____
Phone: _____ Fax: _____
Contact Person: _____ Phone: _____

Clinical Information

Diagnosis: ☐ ICD 10 code: _____ Description: _____
☐ ICD 10 code: _____ Description: _____
Wt: _____ ☐ Kg ☐ lbs Ht: _____ ☐ cm ☐ in Allergies: ☐ NKDA ☐ Other: _____
Comorbidities: _____
Concomitant Medications: _____

Prescription

☐ Cetrotide	☐0.25mg Kit	☐Gonal-f RFF pen	☐300 IU ☐450 IU ☐900 IU
☐ Chorionic Gonadatropin (HCG)	☐10 IU/0.1mL ☐10MU ☐Other: _____	☐Gonal-f RFF vial	☐75 IU
☐ **Climara**	☐0.025mg patch ☐0.05mg patch ☐0.075mg patch ☐0.1mg patch	☐ Leuprolide Kit	☐14mg/2.8mL
☐ Crinone	☐4% gel ☐ 8% gel	☐ Menopur	☐75 IU
☐ Delestrogen	☐ 10mg vial ☐ 20mg vial ☐ 40mg vial	☐ Novarel	☐5000 IU
☐ Endometrin	☐100mg vaginal insert	☐ Ovidrel	☐250 mcg prefilled
☐ Estradiol	☐ 0.5mg tab ☐1mg tab ☐2mg tab	☐ Pregnyl	☐10,000 units
☐ Estriol	☐0.05mg/24hr patch	☐Progesterone	☐ 100 mg caps ☐ 200mg caps
☐ Follistim AQ	☐300 IU cartridge ☐600 IU cartridge ☐900 IU cartridge	☐ Progesterone in oil	☐ 50mg/mL
☐ Ganirelix Acetate	☐250 mcg/0.5mL	☐ Other: _____	

Rx 1	Sig:	Qty:	Refills:
Rx 2	Sig:	Qty:	Refills:

Injection training provided by: ☐ Prescriber's office ☐ Pharmacy ☐ Other: _____

☐ Product substitution permitted ☐ Dispense as written

Prescriber's Signature: _____ Date: _____