Carepoint™
A Pharmacy That Truly Cares

IVF Referral

P: (855) 237-9112 | F: (855) 237-9113 | www.carepointrx.com

Thank You For Trusting Us With Your Patients Care.

PATIENT INFORMATION

Patient Name:_____ DOB:_____ Allergies:_____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Medical Insurance:_____ ID #:_____ Group #:_____ Phone:_____

MEDICAL ASSESSMENT

Cycle Type: ☐IUI ☐IVF ☐FET

☐ Lupron® 2 Week Kit ___QTY ___ Refill
☐ Leuprolide Acetate 2 Week Kit ___QTY ___ Refill
☐ Insulin Syringe 0.5cc ___QTY ___ Refill
Sig.: _____

☐ Microdose Leuprolide 50mcg/0.1ml 5ml vial ___QTY ___ Refill
☐ ½ ml Insulin Syringes ___QTY ___ Refill
Sig.: _____

☐ Ganirelix Acetate® 250mcg/0.5ml ___QTY ___ Refill
Sig.: _____

☐ Cetrotide® ☐ 0.25mg ☐ 3mg ___QTY ___ Refill
Sig.:_____

☐ Bravelle® 75iu vial ☐ SC ☐ IM ___QTY ___ Refill
Sig.:_____

☐ Menopur® 75iu vial ☐ SC ☐ IM ___QTY ___ Refill
Sig.:_____ ___QTY ___ Refill

☐ Repronex® 75iu vial ☐ SC ☐ IM
Sig.:_____ ___QTY ___ Refill
☐ 3cc 22g 1.5" syringe ☐ 27g ½" needle ___QTY ___ Refill
☐ 3cc 25g 1.5" syringe ☐ 25g 1.5" needle ___QTY ___ Refill
☐ 3cc 27g 0.5" syringe ___QTY ___ Refill
☐ Q-Cap ___QTY ___ Refill

☐ Follistim® AQ Cartridge 300iu ___QTY ___ Refill
☐ Follistim® AQ Cartridge 600iu ___QTY ___ Refill
☐ Follistim® AQ Cartridge 900iu ___QTY ___ Refill
☐ Follistim® Pen ___QTY ___ Refill
Sig.: _____

☐ Gonal-f® RFF Pen 300iu ___QTY ___ Refill
☐ Gonal-f® RFF Pen 450iu ___QTY ___ Refill
☐ Gonal-f® RFF Pen 900iu ___QTY ___ Refill
☐ Gonal-f® 450iu mdv ___QTY ___ Refill
☐ Gonal-f® 1050iu mdv ___QTY ___ Refill
Sig.:_____

☐ HCG 10,000iu vial ☐ SC ☐ IM ___QTY ___ Refill
☐ Novarel® 10,000iu vial ☐ SC ☐ IM ___QTY ___ Refill
☐ Ovidrel® 250mcg ☐ SC ___QTY ___ Refill
☐ Pregnyl® ☐ SC ☐ IM ___QTY ___ Refill
Sig.:_____
☐ 22g 1.5" 3cc syringe ___QTY ___ Refill
☐ 25g 1.5" needle ___QTY ___ Refill
☐ 1cc syringe ___QTY ___ Refill

☐ Endometrin vaginal tablet 100mg ___QTY ___ Refill
Sig.: _____

☐Progesterone in oil 50mg/ml 10ml vial ___QTY ___ Refill
☐ Cottonseed 50mg/ml ___QTY ___ Refill
☐ Olive oil 50mg/ml ___QTY ___ Refill
☐ Draw: 3ml 18g 1 ½" needle ___QTY ___ Refill
☐ Inject: 22g 1 ½ " needle ___QTY ___ Refill
Sig.: _____

☐ Prometrium ☐ 100mg ☐ 200mg caps ___QTY ___ Refill
Sig.: _____

☐ Vivelle Dot ___mg patches ___QTY ___ Refill
Sig.: _____

☐ Estraderm ___mg patches ___QTY ___ Refill
Sig.: _____

☐ Estrace ___mg tabs ___QTY ___ Refill
Sig.: _____

☐ Estradiol ___mg tabs ___QTY ___ Refill
Sig.: _____

☐ Doxycycline 100mg tabs ___QTY ___ Refill
Sig.: _____

☐ Baby Aspirin 81mg ___QTY ___ Refill
Sig.: _____

☐ Birth Control: ___QTY ___ Refill
Sig.: _____

☐ Prenatal Vitamins: ___QTY ___ Refill
Sig.: _____

☐ Folic Acid 1 mg tabs ___QTY ___ Refill
Sig.: _____

☐ Medrol ___ mg tablets ___QTY ___ Refill
Sig.: _____

☐ Crinone 8% 18 applicators ___QTY ___ Refill
Sig.: _____

Other:_____ ___QTY ___ Refill
Sig.: _____

Other:_____ ___QTY ___ Refill
Sig.: _____

PRESCRIBING PHYSICIAN

Please Include a Copy of the Patients Rx insurance card and face sheet

☐ ☐ ☐ ☐ Dispense as written ☐ Sharps Container

Physician Signature Date NPI#

By Signing this form and utilizing our services, you are authorizing Carepoint and it's employees to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies.