



Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

DOB: \_\_\_\_\_ Email: \_\_\_\_\_ Telephone # \_\_\_\_\_

Allergies: \_\_\_\_\_

## Fertility Medication

- \_\_\_\_\_ Bravelle 75IU \_\_\_\_\_
- \_\_\_\_\_ Follistim 300IU \_\_\_\_\_
- \_\_\_\_\_ Follistim 600IU \_\_\_\_\_
- \_\_\_\_\_ Follistim 900IU \_\_\_\_\_
- \_\_\_\_\_ Gonal-F 300IU \_\_\_\_\_
- \_\_\_\_\_ Gonal-F 450IU \_\_\_\_\_
- \_\_\_\_\_ Ganirelex 250mcg Injection \_\_\_\_\_
- \_\_\_\_\_ Menopur 75IU \_\_\_\_\_
- \_\_\_\_\_ Repronex 75IU \_\_\_\_\_
- \_\_\_\_\_ Progesterone 100mg \_\_\_\_\_ 200mg Troche \_\_\_\_\_
- \_\_\_\_\_ Endometrin 100mg Vaginal Insert \_\_\_\_\_
- \_\_\_\_\_ Progesterone in Oil 50mg/ml \_\_\_\_\_
- \_\_\_\_\_ Leuprolide 2 Week Kit \_\_\_\_\_
- \_\_\_\_\_ Leuprolide Micro Kit 50mcg/0.1ml \_\_\_\_\_
- \_\_\_\_\_ Leuprolide Syringe 0.5mg/0.1ml (2 Syringes) \_\_\_\_\_
- \_\_\_\_\_ Leuprolide Syringe 1mg/0.2ml \_\_\_\_\_
- \_\_\_\_\_ Clomiphene 50mg Tab \_\_\_\_\_
- \_\_\_\_\_ Femara 2.5mg Tab \_\_\_\_\_
- \_\_\_\_\_ Prometrium 100mg \_\_\_\_\_ 200mg Capsules \_\_\_\_\_
- \_\_\_\_\_ Estrace 2mg Tablet \_\_\_\_\_
- \_\_\_\_\_ Vivelle Dot 0.1mg Patch \_\_\_\_\_

## Fertility Medication

- \_\_\_\_\_ HCG Mini Kit \_\_\_\_\_
- \_\_\_\_\_ Novarel 10,000 \_\_\_\_\_
- \_\_\_\_\_ Pregnyl 10,000 \_\_\_\_\_

## Needles

- \_\_\_\_\_ Needles 5/8" 25g \_\_\_\_\_
- \_\_\_\_\_ Needles 1/2" 30g \_\_\_\_\_
- \_\_\_\_\_ Syringes 3cc 25g 1 1/2" \_\_\_\_\_
- \_\_\_\_\_ Insulin Syringes \_\_\_\_\_

\_\_\_\_\_ *Other:* \_\_\_\_\_

\_\_\_\_\_ *Other:* \_\_\_\_\_

\_\_\_\_\_ *Other:* \_\_\_\_\_

Other RX: \_\_\_\_\_

Sig: \_\_\_\_\_

Refill: \_\_\_\_\_ PRN

M.D. Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_