



Name: _____ Date: _____

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

DOB: _____ Phone: _____ Email: _____

Allergies: _____

FERTILITY MEDICATION

- _____ Follistim AQ 300IU _____
- _____ Follistim AQ 600IU _____
- _____ Follistim AQ 900IU _____
- _____ Cetrotide 0.25mg _____
- _____ Ganirelix 250mcg Injection _____
- _____ Menopur 75IU _____
- _____ Crinone 8% Vaginal Insert _____
- _____ Progesterone 100mg _____ 200mg Troche _____
- _____ Endometrin 100mg Vaginal Insert _____
- _____ Progesterone in Oil 50mg/ml _____
- _____ Leuprolide 2 Week Kit _____
- _____ Clomiphene 50mg Tab _____
- _____ Femara 2.5mg Tab _____
- _____ Estrace 2mg Tablet _____
- _____ Vivelle Dot 0.1mg Patch _____
- _____ Novarel 5,000 _____
- _____ Pregnyl 10,000 _____
- _____ Ovidrel 250mcg Syringe _____
- _____ **DAW (Brand Name Only)** _____

NEEDLES

- _____ Needles 1.5" 25g
- _____ Needles 0.5" 30g
- _____ Needles 1.5" 22g
- _____ Syringes 3cc 22g 1.5"
- _____ Syringes 3cc 22g 1.0"

OVARIAN RESERVE SUPPLEMENTS

Myo-Inositol 2g bid	
DHA (Omega 3) 1,000mg once/day	
DHEA 25mg tid	
Coenzyme Q10 300mg bid	
L-Arginine 1gm bid	
Pycnogenol 100mg orally once/day	

- _____ Package Multiple Meds Together (**medi-dose**)
- _____ Bottles Only

Days Supply: 30 Days _____ Refills _____

_____ Other: _____

MD Signature: _____ Print Name: _____ Date: _____

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