

Fertility Enrollment Form

Patients must bring an original prescription to the pharmacy. Faxed prescriptions will only be accepted from a prescribing practitioner.

Complete to submit patient enrollment

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| Patient | Date: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female |
| | Patient's First Name: _____ Last Name: _____ |
| | Address: _____ City: _____ State: _____ Zip: _____ |
| | Home Phone Number: _____ Cell Phone Number: _____ |
| | DOB: _____ Weight: _____ lbs (circle one) Recorded Date: _____ |
| | Caregiver: _____ Allergies: _____ Diagnosis: _____ |

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|-----------|--|
| Insurance | Fill out entirely OR <b style="background-color: yellow;">fax copy of patient's prescription insurance card - both sides |
| | Primary Insurance: _____ Secondary Insurance: _____ |
| | Insured: _____ Insured: _____ |
| | Phone: _____ Phone: _____ |
| | Policy #: _____ Policy #: _____ |
| | RxBIN: _____ RxPCN: _____ RxBIN: _____ RxPCN: _____ |

| PRESCRIPTION | Medication | Strength | Directions | Quantity | Refills |
|--------------|------------|----------|------------|----------|---------|
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| Prescriber | Date Shipment Needed: _____ Ship to: _____ Patient _____ Physician/Clinic |
| | Physician's Name : _____ Office Contact Name _____ |
| | Phone #: _____ Fax #: _____ DEA #: _____ |
| | Office Address: _____ City: _____ State: _____ Zip: _____ |
| | Physician's Signature: _____ Date: _____ |

I authorize pharmacy and its representatives to act as an agent to initiate and execute the insurance prior authorization process.

IMPORTANT NOTICE: This facsimile transmission is intended to be delivered only to the named addressee and may contain material that is confidential, privileged, proprietary or exempt from disclosure under applicable law. If it is received by anyone other than the named addressee, the recipient should immediately notify the sender at the address and telephone number set forth herein and obtain instructions as to disposal of the transmitted material. In no event should such material be read or retained by anyone other than the named addressee, except by express authority of the sender to the named addressee.