

To: **IVF Pharmacy**

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Carolyn Camille McGregor, WHNP

590 Country Club Pkwy Stc A, Eugene, OR 97401

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NPI: 1932395530 OR Lic. #: 202000082NP-PP

Dagosta, Chelsea M

Gender: F **DOB:** 03/24/1993 **Weight:** 152.41 kg **Height:** 168.275 cm **Tel:** (541) 505-0388

PO Box 195, Lowell, OR 97452

Rx

Menopur 75 unit subcutaneous solution

Dispense ****30****(thirty) each

Sig: Inject ****225**** (two hundred and twenty-five) unit subcutaneously once a day as directed

Days Supply: 10 days

ok to do partial fill

Refills: ****6****(six)

Dx 1: ICD-10 N97.0 (Female infertility associated with anovulation)

Security Features:

1. Quantities are bordered with asterisks and spelled out.
2. Microprinted line between practice information and patient name, visible at 5X magnification: "THIS IS AN ORIGINAL PRESCRIPTION".
3. Description of security features is printed on prescription.

Carolyn Camille McGregor, NP

(Signature)

Prescription will be filled generically unless the provider writes "Brand Medically Necessary" in own handwriting.

Serial No. EE-9118862471 Issued at 09:23 AM on Tuesday, July 09, 2024 PDT

Patient Allergies: ASPIRIN (Unknown), PENICILLIN V POTASSIUM (Unknown)