

Nevada Fertility Center

5320 S. Rainbow Blvd, Suite 300 • Las Vegas, NV 89118 • Tel: (702)892-9696 • Fax: (702)794-0283

Name: **Rachell Campbell-Telliard**

D.O.B: **5/17/1983**

Phone #: **(760)880-4112**

Email: **sputnikrealized@gmail.com**

Donor Surrogate

Bill Recipient: Name _____

Phone #: _____

Leuprolide Acetate 2.8ml vial #1
Sig. Inject 5-10 units SQ QD
*Include: 0.3cc Insulin syringes #30
Refills 0

Lupron 40mg/0.2ml # _____
Sig. Inject 20 units SQ BID
*Include: Insulin syringes #60
Refills 2

Ganirelix Acetate 250 mcg # _____
Sig. inject 125-250 mcg SQ QD
*Include: 1cc syringe #30
27g X" needle #20
Refills _____

Follistim Cabioges
300 AQ # _____
600 AQ # _____
900 AQ # _____
Sig. Inject _____ units SQ QD PM
Include: Follistim Pen #1
Refills _____

Cetrotide 0.25mg # _____
Sig. inject 125-250 mcg SQ QD
*Include: 1cc syringe #30
27g X" needle #20
Refills _____

Gonel-F
450 IU AQ Vial # _____
300 IU Pen # _____
#50 IU Pen # _____
300 IU Pen # _____
Sig. Inject _____ units SQ QD PM
Refills _____

Mavoxur 75 U # _____
Sig. Inject 75 units SQ QD
* Include: 27g X" needle #10
3cc syringe 18g 1 1/2" needle #10
Refills _____

Oestrage 5.2mg # _____
Sig. 0.5 ml SQ daily
*Include with above med:
3cc syringe 18g 1 1/2" needle #30
0.3cc Insulin syringes #30
Refills 2 ICDID: N97.9

HCG 5,000 units #1
Sig. Inject 5,000 units SQ once
Refills 0 ICDID: N97.9

HCG 10,000 units #1
Sig. Inject 10,000 units SQ once
Refills 0 ICDID: N97.9

Dvidrel 250mg #1 Profilled Syringe
Sig. Inject 250mcg SQ
Refills 0 ICDID: N97.9

Lupron Trigger 5mg/ml #1
*Include with above med:
3cc syringe with 18g 1 1/2" needle
2 - 27g X" needles

Sildenafil 25mg Vag Supp. # _____
Sig. Insert 1 vag. QD
Refills _____

Frenat 400mg #30
1 pill PO TID
Refills _____

Terbutaline 5mg PO #30
Sig. 1 tab PO TID Refills _____

Desamethasone _____ mg #30
Sig. 1 tab PO QD Refills 2

Prednisone 10mg #60
Sig. 1 PO QD Refills 2

Iovexox 30mg #30
Sig. Inject 30mg SQ daily
Refills 2

Doxycycline 100mg tabs #10
Sig. 1 cap PO BID x 5 days
Refills 0

Cipro 500mg #20
Sig. 1 cap PO BID x 10 days
Refills 0

Z-Pack #1 Use as directed
Refills 0

Clindamycin 300mg Vag. Supp. #3
Sig. insert 1 vaginally at bedtime
Refills 0

Progesterone vaginal suppositories
50mg #30
Insert 1 PV QHS Refills _____

E2V 2mg Vaginal Supp. #12
Sig. insert one vaginally at bedtime
Refills 0

Endometrin 100mg # _____
Sig. One PV TID (21/box)
Refills _____

Progesterone In. oil 50mg/ml # _____

Sesame Oil

Olive Oil

Ethyl Oleate

Cottonseed Oil

Sig. Inject 50-100 mg IM QD
**Include with above med:
3cc syringe #30 18g 1 1/2" needle #30
24g 1 1/2" needle #30 (for Sesame and Olive)
25g 1 1/2" needle #30 (for Ethyl Oleate)
Refills 2

Delestrogen _____ mg/ml #1
Sig. Inject 0.7 - 1.6 ml IM B/W
*Include: 1cc syringe #10
18g 1 1/2" needle #10
22g 1 1/2" needle #10
Refills _____

Valium 10mg # _____
Sig. use as directed 30 min prior to embryo transfer
Day supply _____
Refills 0

ICDID: N97.9

Inosalipid 20% 100ml bag #1 REFILLS _____

Sig. Use as directed by physician
*Include with above med:
500cc Normal Saline

() Ship intralipids to MD's Office

Neupogen 300mcg #1
Sig. use as directed
Refills 0

() Ship Neupogen to MD's Office

Decapeptyl 3.75mg #2
Sig. Inject 3.75mg IM once a month
Refills 2

() Ship to MD's Office

Estrace _____ mg # _____
Sig. _____
Refills 2

Nitroglycerin Patch 0.2mg # _____
Sig. _____
Refills 2

*Include Alcohol Prep Pad box and Sharps Container

Pharmacy faxed to: _____

Prescribing Physician:

Russell Faulk, M.D.

DEA #F9172228 NPI 1790734166



Kurt Peterson, D.O.

DEA #P0494613 NPI 1116788721

Name/MA: **April G.**

Fax Date: **9/12/24**

Deliver To: Patient Physician's Office
 Substitution with Generic EQ STAT