

# VILLAGE FERTILITY PHARMACY

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## The Center for Advanced Reproductive Services

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860.525.8283

4 Shaws Cove, Suite 201  
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860.325.8283

For facsimile use only

TODAY'S DATE: 7/30/24 NEEDS BY DATE: ASAP NURSE: Helon Christakos  
 PT NAME: Hela Alemayehu Haile DOB: 6/2/81  
 PHONE #: 251-911-4072 ALT PHONE #: Chelicoale@gmail.com ALLERGIES: MEA

Section 1 - Injectables			
<input type="checkbox"/> Cetrolide 0.25 mg	# Syringes	Sig: 0.25 mg SQ QD when directed	Refill
<input type="checkbox"/> Ganirelix Acetate 250 mcg	# Syringes	Sig: 1 syringe SQ QD when directed	Refill
<input type="checkbox"/> Leuprolide Acetate (2 week kit)	# Kits	Sig: Units SQ QD QBD	Refill
<input type="checkbox"/> Microdose Leuprolide (40mcg/0.1mL)	# Vials	Sig: Units SQ QD QBD	Refill
<input type="checkbox"/> Braville 75 (1 w/Q caps)	# Vials	Sig: Units SQ QD QBD	Refill
<input type="checkbox"/> Follistim Pen Device	# Device 1	Include with Follistim Order	Refill
<input type="checkbox"/> Follistim (300IU)	# Cartridges	Sig: Units SQ QD QBD	Refill
<input type="checkbox"/> Follistim (600IU)	# Cartridges	Sig: Units SQ QD QBD	Refill
<input type="checkbox"/> Follistim (900IU)	# Cartridges	Sig: Units SQ QD QBD	Refill
<input type="checkbox"/> Gonal-F RFP Pen (300IU)	# Pen Kits	Sig: Units SQ QD QBD	Refill
<input type="checkbox"/> Gonal-F RFP Pen (450IU)	# Pen Kits	Sig: Units SQ QD QBD	Refill
<input checked="" type="checkbox"/> Gonal-F RFP Pen (900IU) or <u>Allegan</u>	# Pen Kits <u>4 (low)</u>	Sig: <u>300</u> Units SQ <u>QD</u> <u>QBD</u>	Refill <u>3</u>
<input type="checkbox"/> Gonal-F Multi Dose (450IU)	# Vials	Sig: Units SQ QD QBD	Refill
<input checked="" type="checkbox"/> Menopur 75IU w/O-caps <u>Twenty-four</u>	# Vials <u>24</u>	Sig: <u>10</u> Units <u>QD</u> <u>QBD</u> <u>QD</u>	Refill <u>3</u>
<input checked="" type="checkbox"/> Ovitrel 250mcg <u>Ovitrel</u>	# Syringes <u>1</u>	Sig: 1 syringe SQ when directed	Refill <u>3</u>
<input checked="" type="checkbox"/> <del>Novarel</del> Pregnyl 10,000 Units <u>for</u>	# vials <u>1</u>	Sig: Mix w/ins diluent inject SQ <u>as</u>	Refill <u>3</u>
<input type="checkbox"/> Progesterone in Sesame Oil (50mg/mL)	# 10mL vial	Sig: mL IM QD QBD	Refill
<input type="checkbox"/> Progesterone in Olive Oil (50mg/mL)	# 10mL vial	Sig: mL IM QD QBD	Refill
<input type="checkbox"/> Progesterone in Ethyl Oleate (50mg/mL)	# 10mL vial	Sig: mL IM QD QBD	Refill
<input type="checkbox"/> Other	#	Sig:	Refill
Section 2 - Supplies			
<input checked="" type="checkbox"/> 3cc Syringes 22g 1 1/2"	# 30	To Mix	Refill <u>3</u>
<input type="checkbox"/> 22 Gauge Needles 1 1/2"	# 30	To Inject IM	Refill
<input type="checkbox"/> 22 Gauge Needles 1"	# 30	To Inject IM	Refill
<input checked="" type="checkbox"/> 30 Gauge Needles 1/2"	# 30	To Inject SC	Refill <u>3</u>
<input type="checkbox"/> Insulin Syringes 3/4 cc	#	For Lupron/Leuprolide kit	Refill
<input checked="" type="checkbox"/> Sharps Package	# 1		
Section 3 - Non-Injectables			
<input type="checkbox"/> Birth Control Pills	# pkgs	Sig: 1 Tablet PO QD active pills only	Refill
<input type="checkbox"/> Gynone 8% gel Vaginal applicator	#	Sig: 1 applicatorful PV QD QBD	Refill
<input type="checkbox"/> Endometrin Vaginal insert 100 mg	#	Sig: 1 Tablet PV QD QBD QTD	Refill
<input type="checkbox"/> Estroval 3mg	# 60	Sig: Tablet(s) PO	Refill
<input type="checkbox"/> Vivelle Dots 0.1 mg	#	Sig: Patch(s)	Refill
<input type="checkbox"/> Latrodole 2.5 mg	# tabs	Sig: Tablet(s) PO	Refill
<input type="checkbox"/> Clomiphene Citrate 50 mg	# tabs	Sig: Tablet(s) PO	Refill
<input type="checkbox"/> Methylprednisolone 16 mg tablets	# 4	Sig: 1 Tablet PO Daily	Refill
<input type="checkbox"/> Salzon 8.8 mg/vial	#	Sig: Mix with 2 mL of diluent and inject 1.33 mL (0.5 mL or 30 units on insulin syringe) SQ x 5 days	Refill
<input type="checkbox"/> DHEA 25 mg	# 30	Sig: 1 Tablet PO TID	Refill
<input type="checkbox"/> CoQ10 - 100 mg Q400 mg	#	Sig: 1 Tablet PO QD QTD	Refill
<input type="checkbox"/> Pre-natal Vitamins	# 100	Sig: 1 Tablet PO QD	Refill
<input type="checkbox"/> Other	#	Sig:	Refill
<input type="checkbox"/> Other	#	Sig:	Refill

John Nelsen, MD  
 Andrea DiLugli, MD  
 Deborah Hintz, APRN

Practitioner's Signature: \_\_\_\_\_

Claudio Benadiva, MD  
 David Schmier, MD  
 Marie Hedin, APRN

*[Signature]*

Lawrence Ergmann, MD  
 Daniel Grow, MD  
 Glorimar Diaz, APRN