

Hope Fertility

3005 Royal Blvd South, Suite 220  
Alpharetta, GA 30022

Phone: 404-410-5055 fax: 404-856-0792

PATIENT INFORMATION

Today's Date: 9/16/2024

Anticipated Start Date: 09/30/2024

First Name: Pooja

Last Name: Pooja

DOB: \_\_\_\_\_

Phone: 4709670420

Insurance Plan: Mountain Health

Interpreter needed  Spanish  Chinese  Other

ICD-10 Z31.41

Cycle Type:  IUI  IVF  CRYO Cycle  LGBTQ  Donor  Recipient  GC rev 9/3/2020

Leuprolide 1mg/0.2mL (14 day kit) (MFG) \_\_\_\_\_ Kits to dispense  
 Insulin Syringes (Extra) \_\_\_\_\_ 20 # to dispense  
 Lupron Depot  3.75 mg  7.5 mg \_\_\_\_\_ PFS to dispense  
Sig: \_\_\_\_\_ Units SQ  QD  BID \_\_\_\_\_ Refills

C- Microdose Leuprolide -extended dating \_\_\_\_\_ Vials to dispense  
 40mcg/0.2mL 10mL vial \_\_\_\_\_ Vials to dispense  
 50mcg/0.1mL 6mL vial \_\_\_\_\_ # to dispense  
 Insulin Syringes \_\_\_\_\_ Refills  
Sig: \_\_\_\_\_ Units SQ  QD  BID

Ganirelix Acetate 250 mcg Prefilled Syringe \_\_\_\_\_ # to dispense  
Sig: 1 syringe SQ daily when directed \_\_\_\_\_ Refills

Cetrotide 0.25 mg \_\_\_\_\_ # to dispense  
Sig: 0.25mg SQ daily when directed \_\_\_\_\_ Refills

Gonal-F RFF 75 IU Vial \_\_\_\_\_ # to be dispensed \_\_\_\_\_ Refills  
 Gonal-F RFF 300 IU Pen \_\_\_\_\_ # to be dispensed \_\_\_\_\_ Refills  
 Gonal-F RFF 450 IU Pen \_\_\_\_\_ # to be dispensed \_\_\_\_\_ Refills  
 Gonal-F RFF 900 IU Pen \_\_\_\_\_ # to be dispensed \_\_\_\_\_ Refills  
Sig: \_\_\_\_\_ IU SQ \_\_\_\_\_ Refills  
 Gonal-F Multidose 450 IU \_\_\_\_\_ # to be dispensed \_\_\_\_\_ Refills  
 Gonal-F Multidose 1050 IU \_\_\_\_\_ # to be dispensed \_\_\_\_\_ Refills  
Sig: \_\_\_\_\_ IU SQ \_\_\_\_\_ Refills

Menopur 75 IU w/ Q-Caps \_\_\_\_\_ Vials to dispense  
Sig: \_\_\_\_\_ IU  SQ  IM \_\_\_\_\_ Refills  
 3cc syr 22-gauge 1 1/2" Syringe \_\_\_\_\_ Syr to dispense  
 3cc syr Luer-Lock Tip for use w/Q-Cap \_\_\_\_\_ Syr to dispense  
 30g 1/2" needles \_\_\_\_\_ Needles to disp

C- hCG Dilution 10 IU/0.1mL 5mL vial-extended dating \_\_\_\_\_ Vials to dispense  
 1/2mL Insulin syr (for SQ injection) \_\_\_\_\_ Syr to dispense  
Sig: \_\_\_\_\_ IU  SQ  IM \_\_\_\_\_ Refills

C-Preservative Free Leuprolide Daily Treatment \_\_\_\_\_ Vials  
5mg/mL, Single Dose Vials ( ) 7 Day ( ) 14 Day ( ) 21 Day  
Sig: Inject \_\_\_\_\_ units SQ daily when directed \_\_\_\_\_ Refills  
 1/2mL Insulin syringes \_\_\_\_\_ # to dispense  
 Medical Necessity Because: (Check all that apply)  
 Manufactured product on short list and unavailable  
 Manufactured med is not consistent with protocol  
 To prevent Premature ovulation mid-cycle

Compound Preservative-Free (PF) Leuprolide Trigger \_\_\_\_\_ Vials to dispense  
5mg/mL, 1mL vial  
 1mL Insulin syringes \_\_\_\_\_ Syr to dispense  
Sig: Inject \_\_\_\_\_ units ( \_\_\_\_\_ mL) SQ when directed \_\_\_\_\_ Refills

Synera Patch \_\_\_\_\_ Patches to disp  
Sig: Apply patch to skin at inj site / blood draw when directed, PRN \_\_\_\_\_ Refills

Omnitrope 5.8mg/Vial \_\_\_\_\_ Vials to dispense  
 3mL syr w/ 22g 1.5" needle (for mixing) \_\_\_\_\_ Syr to dispense  
 1mL Insulin syr (for SQ injection) \_\_\_\_\_ Syr to dispense  
 1/2mL Insulin syr (for SQ injection) \_\_\_\_\_ Syr to dispense  
Sig: Inject \_\_\_\_\_ units SQ daily for \_\_\_\_\_ days, as directed \_\_\_\_\_ Refills

Allergies: \_\_\_\_\_  
Medical Conditions: \_\_\_\_\_  
 Med Kit FREE Sharps waste container, FREE Alcohol wipes)

X Follistim AQ 600 unit 10.72 ml  
5 pen 2 refills

hCG 10,000 U  Pregnyl 10,000 U \_\_\_\_\_ Vials to dispense  
 Novarel 5,000 U  Novarel 10,000 U \_\_\_\_\_ Refills  
Sig: Mix with \_\_\_\_\_ mL diluent and inject  SQ  IM \_\_\_\_\_ Refills  
 3cc syr 22g 1 1/2" syr \_\_\_\_\_ # to be dispensed \_\_\_\_\_ Refills  
 25g 1 1/2" needles \_\_\_\_\_ # to be dispensed \_\_\_\_\_ Refills  
 30g 1/2" needles \_\_\_\_\_ # to be dispensed \_\_\_\_\_ Refills

Ovidrel PreFilled Syringe 250mcg \_\_\_\_\_ Syr to dispense  
Sig: \_\_\_\_\_ Units SQ  QD  BID \_\_\_\_\_ Refills

Crinone 8% Apps (15 per box) \_\_\_\_\_ Boxes to dispense  
Sig: One PV  QD  BID \_\_\_\_\_ Refills

Endometrin 100mg Tablets (21 per box) \_\_\_\_\_ Tablets to dispense  
Sig: One PV  QD  BID  TID \_\_\_\_\_ Refills

Progesterone Capsules  100mg  200mg \_\_\_\_\_ Caps to dispense  
Sig: One PV  QD  BID \_\_\_\_\_ Refills

C- Progesterone Suppositories \_\_\_\_\_ Supps to dispense  
 100mg  200mg  400mg \_\_\_\_\_ Refills  
Sig: One PV  QD  BID  TID

Progesterone in Sesame Oil 50mg/mL 10mL Vial \_\_\_\_\_ Vials to dispense  
Sig: \_\_\_\_\_ IM  QD  BID \_\_\_\_\_ Refills  
 3cc syr 18g 1 1/2" syr \_\_\_\_\_ # to dispense  
 22g 1 1/2" needles \_\_\_\_\_ # to dispense

C-Progesterone in Alternate Oil 50mg/mL 10mL Vial \_\_\_\_\_ Vials to dispense  
 Olive Oil  Ethyl Oleate  
 Medication listed on a shortage list & is medically necessary  
 Pt has a sesame allergy  
 Pt requires less viscous oil suspension for medical compliance  
Sig: \_\_\_\_\_ mg IM  QD  BID \_\_\_\_\_ Refills  
 3cc syr 18g 1 1/2" syr \_\_\_\_\_ # to dispense  
 22g 1 1/2" needles \_\_\_\_\_ # to dispense

Clomiphene 50mg Tablets \_\_\_\_\_ Tablets to dispense  
Sig: \_\_\_\_\_ Tabs PO QD \_\_\_\_\_ Refills

Letrozole 2.5mg Tablets \_\_\_\_\_ Tablets to dispense  
Sig: \_\_\_\_\_ Tabs PO QD \_\_\_\_\_ Refills

Estrace Tablets  1mg  2mg \_\_\_\_\_ Tablets to dispense  
Sig: \_\_\_\_\_ Tabs PO  QD  BID  TID  QID \_\_\_\_\_ Refills

Vivelle Dot 0.1mg \_\_\_\_\_ # to dispense  
Sig: \_\_\_\_\_ Refills

Estradiol Valerate 20mg/mL 5mL Vial \_\_\_\_\_ Vials to dispense  
 1cc 18g 1 1/2" syr, and 23g 1 1/2" needle \_\_\_\_\_ # to dispense  
Sig: Inject \_\_\_\_\_ mL IM \_\_\_\_\_ Refills

Methylprednisolone Tablets  4mg  16mg \_\_\_\_\_ Tablets to dispense  
Sig: Take 1 Tablet PO \_\_\_\_\_ Refills

Dexamethasone Tablets  0.5mg  1mg \_\_\_\_\_ Tabs to dispense  
Sig: \_\_\_\_\_ Tablets PO \_\_\_\_\_ / day \_\_\_\_\_ Refills

Doxycycline  100mg Tablets \_\_\_\_\_ Tabs to dispense  
Sig: One tablet PO BID \_\_\_\_\_ Refills

Cabergoline 0.5mg Tablets \_\_\_\_\_ Tabs to dispense  
Sig: Take 1 tablet by mouth QHS when directed. \_\_\_\_\_ Refills

DHEA 25mg Tablets \_\_\_\_\_ Tabs to dispense  
Sig: 1 tablet by mouth three times daily w/directed \_\_\_\_\_ Refills

OCP ( 30 microgram brand ) \_\_\_\_\_ Packs to dispense  
Sig: 1 tablet by mouth each day at same time \_\_\_\_\_ Refills

Prenatal Plus Vitamins  Prenate Ultra  Citra Natal DHA \_\_\_\_\_ Tabs to dispense  
Sig: \_\_\_\_\_ Refills

Obehi Asemota, MD

Submitted by: \_\_\_\_\_ Interchange is mandated unless practitioner writes the words "NO SUBSTITUTION" in this space: \_\_\_\_\_

Physician's Signature: *Asemota* MD