

Fertility Order Form



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TELEPHONE
888 RX BERGEN (888-792-3743)

FAX ORDER FORM TO
1-973-923-7721

Patient Demographics

Current Date

Name

Address

City State Zip Code

Phone Number SSN

Email Address

Practitioner Information

Name

Hospital/Practice

Address

City State Zip Code

Phone Fax

Contact Email

Delivery Information

Please choose location for delivery
<input type="checkbox"/> Deliver to DOCTOR OFFICE/HOSPITAL
<input type="checkbox"/> Deliver to PATIENT

License Information

License

NPI

DEA

Additional
Information

Insurance Information

Pharmacy Card / PBM Information	
RxBIN	
RxPCN	
RxGroup	
ID	

State Assistance Program Information	
State	
ID	

Medication Orders

	Medication	Strength	Dose and Directions	Quantity	Refills
	Example Drug	200 mg	1 Inj SC q week	4 syringes	5

Gonadotropins

<input type="checkbox"/>	Bravelle	75 IU			
<input type="checkbox"/>	Follistim AQ (vial)				
<input type="checkbox"/>	Follistim AQ (cartridge)				
<input type="checkbox"/>	Follistim AQ (Pen Device)				
<input type="checkbox"/>	Gonal-F	450 IU MD Vial			
<input type="checkbox"/>	Gonal-F RFF (vial)	75 IU			
<input type="checkbox"/>	Gonal-F RFF (pen)				
<input type="checkbox"/>	Luveris	75 IU			
<input type="checkbox"/>	Menopur	75 IU			
<input type="checkbox"/>	Repronex				

Human Chorionic Gonadotropin

<input type="checkbox"/>	Chorionic	10,000 U			
<input type="checkbox"/>	Gonadotropin				
<input type="checkbox"/>	Novarel	10,000 U			
<input type="checkbox"/>	Ovidrel	250 mcg			
<input type="checkbox"/>	Pregnyl	10,000 U			

GnRH Agonists

<input type="checkbox"/>	Lupron				
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GnRH Antagonists

<input type="checkbox"/>	Cetrotide				
<input type="checkbox"/>	Ganirelix	250 mcg			
<input type="checkbox"/>					
<input type="checkbox"/>					

Signed by

Free Form RX
Area (ex. Lasix
20mg, 1 tab. PO
QD)