

PRESCRIPTION

FERTILITY COMPOUNDING ORDER & PRICING SHEET

PATIENT INFORMATION			
FIRST NAME:		LAST NAME:	
		DATE of BIRTH (Month / Day) _____ / _____	
PRIMARY PHONE #: ☐ CELL ☐ HOME ☐ WORK		SECONDARY PHONE #: ☐ CELL ☐ HOME ☐ WORK	
ADDRESS:		CITY, STATE, ZIP: ALLERGIES:	

COMPOUNDING MEDICATION

☐ **PF Leuprolide Acetate Pre-Filled Syringe**
STRENGTH: ☐ 2mg/0.4mL 0.4mL PFS ☐ 4mg/0.8mL 0.8mL PFS
PRICE: ☐ 1x Trigger \$ 135 ☐ 2x Trigger (0.4mL) \$ 190 ☐ 2x Trigger (0.8mL) \$ 245 Qty. _____

☐ **Micro-Dose Leuprolide Acetate**
STRENGTH: ☐ 20mcg/0.1mL (40mcg/0.2mL) 5mL MDV Kit ☐ 25mcg/0.1mL (50mcg/0.2mL) 5mL MDV Kit
☐ 40mcg/0.1mL (80mcg/0.2mL) 5mL MDV Kit ☐ 50mcg/0.1mL (100mcg/0.2mL) 5mL MDV Kit
PRICE: ☐ 1x Kit \$ 165 ☐ 2x Kit \$ 299 Qty. _____

☐ **Lo-Dose HCG 100U/mL 5mL MDV Kit**
PRICE: ☐ 1x Kit \$ 99 ☐ 2x Kit \$ 165 Qty. _____

☐ **Progesterone in Ethyl Oleate 50mg/mL MDV Kit**
PRICE: ☐ 1x Kit \$ 75 ☐ 2x Kit \$ 135 ☐ 3x Kit \$ 190 ☐ 4x Kit \$ 240 Qty. _____

☐ **Progesterone in Ethyl Oleate 100mg/mL MDV Kit**
PRICE: ☐ 1x Kit \$ 135 ☐ 2x Kit \$ 240 ☐ 3x Kit \$ 335 ☐ 4x Kit \$ 425 Qty. _____

☐ **Progesterone in Olive Oil 50mg/mL MDV Kit**
PRICE: ☐ 1x Kit \$ 75 ☐ 2x Kit \$ 135 ☐ 3x Kit \$ 190 ☐ 4x Kit \$ 240 Qty. _____

☐ **Progesterone _____mg Suppository**
PRICE: ☐ 30 \$ 66 ☐ 60 \$ 120 ☐ 90 \$ 180 ☐ 180 \$ 360 Qty. _____

☐ **Estradiol _____mg / Progesterone _____mg Suppository**
PRICE: ☐ 30 \$ 66 ☐ 60 \$ 120 ☐ 90 \$ 180 ☐ 180 \$ 360 Qty. _____

☐ **Sildenafil _____mg Suppository**
PRICE: ☐ 30 \$ 66 ☐ 60 \$ 120 ☐ 90 \$ 180 ☐ 180 \$ 360 Qty. _____

☐ **Progesterone _____mg /ml Anhydrous Vaginal Gel**
PRICE: ☐ 30 Grams \$ 54 Qty. _____

☐ **Testosterone _____mg / ml Gel**
PRICE: ☐ 30 Grams \$ 66 Qty. _____

☐ **Benzocaine 20% / Lidocaine 6% / Tetracaine 4% in Lipoderm Cream**
PRICE: ☐ 30 Grams \$ 49 + \$ 0.50 / Injection Supplies Qty. _____

Refills: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ PRN ☐ NR SIG: _____

WRITE PRESCRIPTION / ADDITIONAL COMMENTS			

DOCTOR	PHONE	NPI #	DEA #
OFFICE MANAGER	PHONE	OFFICE FAX	OFFICE Email
SIGNATURE			DATE (Month / Day / Year) _____ / _____ / _____