



Lake Mary, FL toll free

Precocious Puberty

toll free fax

krogerspecialtypharmacy.com

Date: _____ Need By Date: _____ Ship To: Patient Office Other _____ Fax Copy: Rx Card Front/Back Clinical Notes Medical Card Front/Back

Patient Information		Prescriber Information	
Patient Name <input type="checkbox"/> Male <input type="checkbox"/> Female		Prescriber Name	
Address		Address	
City State Zip		City State Zip	
Main Phone	Alternate Phone	Phone	Fax
Social Security #	Date of Birth	Contact Person	
Parent/Guardian Name		DEA #	NPI # License #

Clinical Information	
Diagnosis	ICD-10
Drug Allergies	
Bone Age	Growth Velocity
Weight <input type="checkbox"/> kg <input type="checkbox"/> lbs Height <input type="checkbox"/> ft <input type="checkbox"/> in	Stim #1: _____ / _____ / _____ <input type="checkbox"/> Pass <input type="checkbox"/> Fail Stim #2: _____ / _____ / _____ <input type="checkbox"/> Pass <input type="checkbox"/> Fail
LH Level/Date	FSH Level/Date

To expedite prior authorization service, please attach supporting clinical notes, lab testing values and scans.

Prescription Information			Qty	Refills
<input type="checkbox"/> Fensolvi*	<input type="checkbox"/> 45mg Kit	Please contact Fensolvi Total Solutions HUB at 1.866.Fensolvi (1.866.336.7658) to complete the Patient Enrollment Form		None
<input type="checkbox"/> Lupron Depot-Ped (4 Week Supply)	<input type="checkbox"/> 7.5mg Kit (Weight: 25kg or less) <input type="checkbox"/> 11.25mg Kit (Weight >25-37kg) <input type="checkbox"/> 15mg Kit (Weight:>37kg)	Inject _____ mg intramuscularly every 4 weeks	1 Kit	_____
<input type="checkbox"/> Lupron Depot-Ped (12 Week Supply)	<input type="checkbox"/> 11.25mg Kit <input type="checkbox"/> 30mg Kit	Inject _____ mg intramuscularly every 12 weeks	1 Kit	_____
<input type="checkbox"/> Supprelin* LA	<input type="checkbox"/> 50mg Kit	Implant surgically subcutaneously every 12 months as directed by doctor	1 Kit	None
<input type="checkbox"/> Other				

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Prescriber's Signature (no stamps) Substitution Permitted Date Prescriber's Signature (no stamps) Dispense As Written Date