

**Patient Information**

**\*\*Please include copy of prescription and medical insurance card, front and back\*\***

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Allergies: \_\_\_\_\_

**Prescriber Information**

Prescriber Name: \_\_\_\_\_ NPI: \_\_\_\_\_  
Specialty: \_\_\_\_\_ Phone: \_\_\_\_\_  
Office Street Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Office Contact: \_\_\_\_\_

**Patient Medical Information**

**\*\*Please include copies of any pertinent clinical notes and lab work \*\***

Diagnosis (ICD-10):	<input type="checkbox"/> Z30.430 - Encounter for insertion of intrauterine contraceptive device	Date of last menses: _____
	<input type="checkbox"/> N92.0 - Excessive and frequent menstruation with regular cycle	Insertion date (if scheduled): _____
	<input type="checkbox"/> N92.4 - Excessive bleeding in the premenopausal period	
	<input type="checkbox"/> Other _____	

Prescription Information	Instructions	Quantity	
<input type="checkbox"/> <b>Kyleena</b> (levonorgestrel-releasing intrauterine system) 19.5 mg	<input type="checkbox"/> To be inserted one time by prescriber (intrauterine)	#1	No Refills
<input type="checkbox"/> <b>Mirena</b> (levonorgestrel-releasing intrauterine system) 52 mg	<input type="checkbox"/> To be inserted one time by prescriber (intrauterine)	#1	No Refills
<input type="checkbox"/> <b>Skyla</b> (levonorgestrel-releasing intrauterine system) 13.5 mg	<input type="checkbox"/> To be inserted one time by prescriber (intrauterine)	#1	No Refills

**Prescriber Signature (No Stamps Permitted)**

By signing below, I authorize Memorial Hermann Specialty Pharmacy to serve as my designated agent, if needed, to initiate and execute any applicable authorization processes with medical and prescription insurance companies. To prohibit generic substitution write "brand necessary" or "brand medically necessary" on the face of the prescription in your own handwriting.

**Prescriber's Signature :** \_\_\_\_\_ **Date:** \_\_\_\_\_