

Physician Name: \_\_\_\_\_ Center: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Patient Enrollment**

For office use only

First Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Allergies: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Home #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

My patient and/or his or her spouse is eligible for the Heart for Heroes program by being a medically separated from active duty, Department of Defense Category 2 or 3\* injured veteran whose service related injury resulted in infertility requiring assisted reproduction and has no insurance coverage for the eligible Heart for Heroes medications. My patient is a resident of the 50 United States or the District of Columbia.

YES  NO

\*Category 2 veterans include those with a serious injury or illness, who are unlikely to return to duty within a time specified by his or her Military Department, and who may be medically separated from the military. Category 3 veterans include those who have a severe or catastrophic injury or illness, who are highly unlikely to return to duty, and who will most likely be medically separated from the military.

**Heart for Heroes Eligible Medication\*\***

**MENOPUR 75IU** (menotropins for injection, USP): # \_\_\_\_\_ vials to dispense

Sig: \_\_\_\_\_ Refills \_\_\_\_\_

**ENDOMETRIN 100mg** (progesterone) insert # \_\_\_\_\_ inserts to be dispensed

Sig: \_\_\_\_\_ Refills \_\_\_\_\_

**NOVAREL 5,000 units** (chorionic gonadotropin for injection, USP):

# \_\_\_\_\_ vials to dispense

Sig: \_\_\_\_\_ Refills \_\_\_\_\_

27g 1/2" 3cc \_\_\_\_\_ Syringes to be dispensed

25g 1/2" 3cc \_\_\_\_\_ Syringes to be dispensed

**\*\*Please note, ONLY the medications listed in this box are eligible for the Heart for Heroes program. Additional or ancillary medications will be processed through insurance and/or require out-of-pocket expense\*\***

**OTHER MEDICATIONS**

**Ganirelix Acetate 250mcg/0.5ml (Brand)** \_\_\_\_\_ PFS to be dispensed

Sig: \_\_\_\_\_ Refills \_\_\_\_\_

**Leuprolide Acetate 2 week kit** \_\_\_\_\_ Kits to be dispensed

*Extra Leuprolide Syringes to be refilled only after request by patient*

Sig: \_\_\_\_\_ Refills \_\_\_\_\_

For Leuprolide:

28g 1/2" insulin syringe \_\_\_\_\_ # \_\_\_\_\_ Refills

For HCG:

22g 1 1/2" 3cc syringe and needle \_\_\_\_\_ # \_\_\_\_\_ Refills

25g 1 1/2" needle \_\_\_\_\_ # \_\_\_\_\_ Refills

**Other:** \_\_\_\_\_ To be dispensed

Sig: \_\_\_\_\_ Refills \_\_\_\_\_

**Other:** \_\_\_\_\_ To be dispensed

Sig: \_\_\_\_\_ Refills \_\_\_\_\_

**Other:** \_\_\_\_\_ To be dispensed

Sig: \_\_\_\_\_ Refills \_\_\_\_\_

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Sig: \_\_\_\_\_ Refills \_\_\_\_\_

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Sig: \_\_\_\_\_ Refills \_\_\_\_\_

**Other:** \_\_\_\_\_ To be dispensed

Sig: \_\_\_\_\_ Refills \_\_\_\_\_

**MDR Sharps Container**

**MDR Instruction Sheets**

**MDR Care Package:** (Sharps container, sterile sponges, band-aids & alcohol swabs)

**Ship to Pt. Home**

**Ship to MD Office**

Today's Date: \_\_\_\_\_ Anticipated start date: \_\_\_\_\_ Nurses Name (Please print): \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ M.D. \*PHYSICIAN MUST SIGN MEDICATION ORDER!

Interchange is mandated unless practitioner writes "NO SUBSTITUTION" in this space: \_\_\_\_\_