



Growth Hormone

Ph: (214) 919-2090 or (877) 753-6878

Fax: 1 (888) 294-9434

Injection Training:	<input type="checkbox"/> MD Office
	<input type="checkbox"/> Pharmacy to Arrange
Ship To :	<input type="checkbox"/> Patient Home <input type="checkbox"/> MD Office

MAIN POINT OF CONTACT
Name: _____
Phone: _____

PATIENT INFORMATION (Use this area or attach patient demographics)					
Name: _____	Phone: _____	Phone 2: _____			
Home Address: _____	City: _____	State: _____	Zip Code: _____		
DOB: _____	SSN: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Height: _____	Weight: _____	lbs.
Emergency Contact: _____	Phone: _____				

INSURANCE INFORMATION (Use this area or attach copy of insurance card(s))					
Primary Insurance: _____	Secondary Insurance: _____				
ID#: _____	RxBin: _____	ID#: _____	RxBin: _____		
RxGroup: _____	Pcn: _____	RxGroup: _____	Pcn: _____		

MEDICAL ASSESSMENT (Use this area or attach patient labs and other authorization information)	
Primary Diagnosis: _____	ICD10 Code: _____

PRESCRIPTION INFORMATION *(Use this area or attach copy of RX(s))		QTY	REFILLS
Medication			
<input type="checkbox"/> Genotropin Pen (two-chamber cartridge) <input type="checkbox"/> 5 mg/mL (Green Pen)* <input type="checkbox"/> 12mg/mL (Purple Pen)* Genotropin Miniquick <input type="checkbox"/> 0.2mg <input type="checkbox"/> 0.4mg <input type="checkbox"/> 0.6mg <input type="checkbox"/> 0.8mg <input type="checkbox"/> 1mg <input type="checkbox"/> 1.2mg <input type="checkbox"/> 1.4mg <input type="checkbox"/> 1.6mg <input type="checkbox"/> 1.8mg Sig: _____ <i>*Diluent contains: M-Cresol preservative & phosphate buffer + Diluent contains: Posphate buffer with no preservative</i>			
<input type="checkbox"/> Humatrope powder with diluent: <input type="checkbox"/> 5mg/5mL vial <input type="checkbox"/> 6mg cartridge (gold) <input type="checkbox"/> 12 mg cartridge (teal) <input type="checkbox"/> 24 mg cartridge (purple) Sig: _____			
<input type="checkbox"/> Increlex 40mg/4mL Sig: _____ <i>(Note: maximum dose of 0.12 mg/kg SQ twice daily; injection should be administered shortly (20 min) before or after a meal or snack.) Diluent contains benzyl alcohol</i>			
<input type="checkbox"/> Lupron Depot-Ped <input type="checkbox"/> 7.5mg <input type="checkbox"/> 11.25mg <input type="checkbox"/> 11.25mg* <input type="checkbox"/> 15mg <input type="checkbox"/> 30mg Sig: _____			
<input type="checkbox"/> Norditropin FlexPro <input type="checkbox"/> 5mg/1.5mL (orange) <input type="checkbox"/> 10mg/1.5mL (blue) <input type="checkbox"/> 15mg/1.5mL (green) <input type="checkbox"/> 30mg/3mL (purple) Sig: _____			
<input type="checkbox"/> NuSpin <input type="checkbox"/> 5mg/2mL (clear) <input type="checkbox"/> 10mg/2mL (green) <input type="checkbox"/> 20mg/2mL (blue) Nutropin AQ Pen Cartridge <input type="checkbox"/> 10mg/2mL (yellow) <input type="checkbox"/> 20mg/2mL (purple) Sig: _____ <i>Diluent contains phenol preservative and sodium citrat buffer</i>			
<input type="checkbox"/> Omnitrope <input type="checkbox"/> 5mg/1.5mL cartridge for Pen 5 (dark blue) <input type="checkbox"/> 10mg/1.5mL for Pen 10 (light blue) powder with diluent <input type="checkbox"/> 5.8mg/vial Sig: _____			
<input type="checkbox"/> Saizen powder with diluent <input type="checkbox"/> 5mg/vial* <input type="checkbox"/> 8.8mg/vial* <input type="checkbox"/> Click easy Cartridge 8.8mg Sig: _____ <i>*Diluent contains: M-Cresol preservative</i>			
<input type="checkbox"/> Zomacton powder with diluent <input type="checkbox"/> 5mg/vial (Benzyl alcohol preservative) <input type="checkbox"/> 10mg/vial (0.33% metacresol preservative) Sig: _____			
<input type="checkbox"/> Zorbtive powder with diluent 8.8 mg/vial (Note: max dose of 8mg/day; max duration of 4 weeks) Sig: _____			
<input type="checkbox"/> Other/Supplies:			

Prescriber Name: _____	NPI#: _____
Address: _____	City: _____ State: _____ Zip Code: _____
Phone: _____	Fax: _____

*Prescriber Signature: _____	Date: _____
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Please fax completed form to 1 (888) 294-9434