

NewEra Pharmacy

1286 SE HOLGATE BLVD C-2 PORTLAND, OREGON 97202

Phone 503-222-4822 Fax 503-222-4868

Patient _____ DOB _____

Address _____ City _____ State _____ Zip _____

Email Address _____ Phone _____ Phone _____

Today's Date _____ Start Date _____ Drug allergies _____

GENERAL

<u>Medication</u>	<u>Quantity</u>	<u>Refill</u>	<u>Directions</u>
<input type="checkbox"/> Desogen 28 day	#1	PRN	Take as directed – skip last 7 tablets of packet
<input type="checkbox"/> Doxycycline 100mg tabs	#31	None	1 BID for 10 days and 1 bid starting afternoon of retrieval
<input type="checkbox"/> Dexamethasone 0.5mg tab	#24	None	1 HS
<input type="checkbox"/> Prenatal Vitamins	#100	PRN	1 QD
<input type="checkbox"/> Aspirin 81mg	#60	PRN	1 QD
<input type="checkbox"/> Leuprolide 2 week kit <input type="checkbox"/> #20 ½ cc insulin syringes	# _____	PRN	Inject _____ units QD or as directed
<input type="checkbox"/> Microdose Lupron 40mcg/0.2ml <input type="checkbox"/> #30 ½ cc insulin syringes	6ml	PRN	Inject 20 units BID or as directed
<input type="checkbox"/> Gonal-f PEN _____ IU	# _____	PRN	Inject _____ units QD or as directed
<input type="checkbox"/> Follistim AQ _____ IU	# _____	PRN	Inject _____ units QD or as directed
<input type="checkbox"/> Bravelle 75IU vials + Q-Caps	# _____	PRN	Inject _____ units QD or as directed
<input type="checkbox"/> Repronex 75IU vials + Q-Caps	# _____	PRN	Inject _____ units QD or as directed
<input type="checkbox"/> Menopur 75IU vials + Q-Caps	# _____	PRN	Inject _____ units QD or as directed
<input type="checkbox"/> # _____ SQ Syringes 3ml 18G 1.5 inch + 25G 5/8 inch injection needles		Refill: PRN	
<input type="checkbox"/> # _____ IM Syringes 3ml 18G 1.5 inch + 25G 1.5 inch injection needles		Refill: PRN	
<input type="checkbox"/> Ganirelix 250mcg Syringe	# _____	PRN	Inject as directed
<input type="checkbox"/> Novarel 10,000IU - DAW <input type="checkbox"/> #1 - 3ml 18G 1.5 inch syringe + #2 - 22G 5/8 inch injection needles <input type="checkbox"/> #1 - 3ml 18G 1.5 inch syringe + #2 - 22G 1.5 inch injection needles	#1	None	Inject when directed
<input type="checkbox"/> Progesterone 50mg/ml x 10ml <input type="checkbox"/> Sesame Oil <input type="checkbox"/> Cottonseed Oil <input type="checkbox"/> Ethyl Oleate <input type="checkbox"/> #20 – 3ml 18G 1.5 inch syringes + 22G 1.5 inch injection needles <input type="checkbox"/> Ethyl Oleate use: #20 – 3ml 18G 1.5 inch syringes + 25G 1.5 inch injection needles	#2	PRN	Inject 1ml IM when directed
<input type="checkbox"/> Ovidrel 250mcg	# _____	PRN	Inject SC when directed
<input type="checkbox"/> Medrol 16mg tab	#6	None	1 HS
<input type="checkbox"/> Climara 0.1mg patch	# _____	PRN	Apply 2-4 patches QOD or as directed
<input type="checkbox"/> Endometrin 100mg inserts	#42	PRN	Insert one vaginally TID <input type="checkbox"/> HOLD <input type="checkbox"/> FILL NOW
<input type="checkbox"/> Prometrium 200mg caps	# _____	PRN	Insert one capsule vaginally BID <input type="checkbox"/> HOLD <input type="checkbox"/> FILL NOW
<input type="checkbox"/> Crinone 8% Gel	# _____	PRN	Insert one applicatorful vaginally QD <input type="checkbox"/> HOLD <input type="checkbox"/> FILL NOW
<input type="checkbox"/> Delestrogen 20mg/ml x 5ml (DAW) <input type="checkbox"/> #15 1ml syringes + 18G 1.5 inch needles + 25G 1.5 inch injection needles	# _____	PRN	Inject as directed
<input type="checkbox"/> Estrace _____ mg (DAW)	# _____	PRN	Take as directed

Physician Signature _____ MD _____ MD Submitted by _____
05202013 (Product selection permitted) (Dispense as written)

Physician Address _____ City _____ State _____ Zip _____

Physician NPI _____ Physician DEA _____

Notes _____