



MORRISTOWN PHARMACY

LUPRON DEPOT PRESCRIPTION REFERRAL FORM

95 Madison Ave #110 | Morristown, NJ, 07960

Tel: 973 - 998 - 0287 | Fax: 973 - 998 - 0288

Proudly serving New Jersey, New York, Pennsylvania, Ohio, Massachusetts, Arizona & Rhode Island

Today's Date

NEW PATIENT CURRENT PATIENT

Last updated: May 2017

Patient Name, Street Address, Evening Tel, Caregiver Name, Allergies, Current Medications

ICD-10 Diagnosis - Gynecology, Urology, Pediatrics, Start Date

Insured's Name, Prescription Card, Bin#, Pcn#, RXID#, RX Group#

Prescriber's Name, Street Address, Tel, License#, NPI#, UPIN#, DEA#

PRESCRIPTION

PLEASE ATTACH COPIES OF PATIENT'S INSURANCE CARDS

ENDOMETRIOSIS ONLY

- LUPANETA PACK 3.75 mg (1-month supply)
LUPANETA PACK 11.25 mg (3-month supply)

ENDOMETRIOSIS AND/OR UTERINE FIBROIDS

- LUPRON DEPOT 3.75 mg (1-month supply)
LUPRON DEPOT 11.25 mg (3-month supply)
OTHER

ADVANCED PROSTATE CANCER

- LUPRON DEPOT 7.5 mg (1-month supply)
LUPRON DEPOT 22.5 mg (3-month supply)
LUPRON DEPOT 30 mg (4-month supply)
LUPRON DEPOT 45 mg (6-month supply)
Other

IDIOPATHIC CENTRAL PRECOCIOUS PUBERTY

- LUPRON DEPOT-PED 7.5 mg (4 wk supply)
LUPRON DEPOT-PED 11.25 mg (12 wk supply)
LUPRON DEPOT-PED 30 mg (12 wk supply)
OTHER

ENROLL IN NURSE TRAINING / MANUFACTURER PROGRAM

Prescriber's Signature (signature required. NO STAMPS) Date

IMPORTANT NOTICE: This fax is intended to be delivered only to the named addressee. It contains material that is confidential, privileged, proprietary or exempt from disclosure under applicable law.