

**CenterWell Specialty Pharmacy®**

Mon – Fri, 8 a.m. – 11 p.m. &amp; Sat, 8 a.m. – 6:30 p.m. EST

 Remove above portion before faxing. Please complete the prescription form in its entirety and fax with secure cover sheet to the number above.

**Women's Healthcare Contraception Prescription Form**
**Patient information**

 Patient: \_\_\_\_\_  Female  Male DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  lbs  kg Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Primary phone: \_\_\_\_\_ Secondary phone: \_\_\_\_\_ Caregiver and Phone: \_\_\_\_\_

 Other medical conditions: \_\_\_\_\_ Allergies:  No  Yes: \_\_\_\_\_

Insurance plan: \_\_\_\_\_ Plan ID \_\_\_\_\_ BIN \_\_\_\_\_ PCN \_\_\_\_\_ Group \_\_\_\_\_

\* Please send a copy of the patient's prescription insurance card if available.

**Clinical information**

 ICD-10 code:  N92.0  N92.4

 Z30.430  Other: \_\_\_\_\_

Additional Information

Requested date of delivery: \_\_\_\_\_

Scheduled insertion date: \_\_\_\_\_

Date of last menses: \_\_\_\_\_

**Prescription information**

Note: Ohio law allows one prescription per preprinted order form. Please use additional forms for more than one prescription.

Medication	Dose	Directions	Quantity	Refills
<input type="checkbox"/> Kyleena (levonorgestrel-releasing intrauterine system)	19.5 mg	To be inserted by prescriber Route: intrauterine	1	
<input type="checkbox"/> Liletta (levonorgestrel-releasing Intrauterine system)	52mg	To be inserted by prescriber Route: intrauterine	1	
<input type="checkbox"/> Mirena (levonorgestrel-releasing intrauterine system)	52 mg	To be inserted by prescriber Route: intrauterine	1	
<input type="checkbox"/> Nexplanon (etonogestrel implant)	68 mg	To be inserted by prescriber Route: subdermal	1	
<input type="checkbox"/> Paragard with single-hand inserter (Intrauterine copper contraceptive)	1 copper IUD	To be inserted by prescriber Route: intrauterine	1	
<input type="checkbox"/> Skyla (levonorgestrel-releasing intrauterine system)	13.5 mg	To be inserted by prescriber Route: intrauterine	1	
<input type="checkbox"/>				

**Prescriber and shipping information (please print)**

Prescriber: \_\_\_\_\_ NPI: \_\_\_\_\_

 Ship to:  Patient  Office  Other: \_\_\_\_\_

Office address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Office phone number: \_\_\_\_\_ Office fax number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

We will dispense this prescription as generic, unless the prescriber indicates "Dispense as Written" here: \_\_\_\_\_

The prescriber is to comply with his/her state-specific prescription requirements, such as e-prescribing, state-specific prescription forms and fax language. Noncompliance with state-specific requirements could result in outreach to the prescriber.