

CenterWell Specialty Pharmacy®

Mon – Fri, 8 a.m. – 11 p.m. & 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: <input type="checkbox"/> N92.0 <input type="checkbox"/> N92.4 <input type="checkbox"/> Z30.430 <input type="checkbox"/> Other: _____	Requested date of delivery: _____ Scheduled insertion date: _____ Date of last menses: _____
Additional Information	

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.