GROWTH HORMONE

SPECIALTY PHARMACY

Lake Mary, FL toll free 855.733.3126 | toll free fax 888.315.3270
krogerspecialtypharmacy.com

DATE: _____ NEEDS BY DATE: _____ SHIP TO: ❑ PATIENT ❑ OFFICE ❑ OTHER _____

PATIENT INFO

Patient Name

Address

City, State, Zip

Main Phone Alternate Phone

Social Security #

Date of Birth ❑ Male ❑ Female

PRESCRIBER INFO

Prescriber Name

DEA # NPI # License #

Address

City, State, Zip

Phone Fax

Contact Person

PLEASE FAX COPY OF: ❑ PRESCRIPTION CARD FRONT & BACK ❑ CLINICAL NOTES ❑ MEDICAL CARD FRONT & BACK

CLINICAL INFORMATION

Diagnosis: _____ ICD-10: _____

** Diagnosis confirmed with appropriate lab testing and available upon request if insurance requires it

Drug Allergies: _____

❑ Epiphysis open: ❑ Yes ❑ No Bone Age: _____ Growth Velocity: _____ Stim #1: / / ❑ Pass ❑ Fail

Patient Weight: _____kg Patient Height: _____ Stim #2: / / ❑ Pass ❑ Fail

MED	DOSE/STRENGTH		SIG	QTY	RF
❑ Genotropin®	❑ cartridge:	❑ 5mg ❑ 12mg		1 month	_____
	❑ mini-quick®:	❑ 0.2mg ❑ 0.4mg ❑ 0.6mg ❑ 0.8mg ❑ 1mg ❑ 1.2mg ❑ 1.4mg ❑ 1.6mg ❑ 1.8mg ❑ 2mg			
❑ Humatrope®	❑ cartridge:	❑ 6mg ❑ 12mg ❑ 24mg		1 month	_____
	❑ vial:	5mg Dilute vial with _____ mL/diluent			
❑ Norditropin®	FlexPro®:	❑ 5mg ❑ 10mg ❑ 15mg ❑ 30mg		1 month	_____
❑ Nutropin® AQ	NuSpin® Pen:	❑ 5mg ❑ 10mg ❑ 20mg		1 month	_____
❑ Omnitrope®	❑ cartridge:	❑ 5mg ❑ 10mg		1 month	_____
	❑ vial:	5.8mg			
❑ Saizen®	❑ vial:	❑ 5mg ❑ 8.8mg Dilute vial with _____ mL/diluent		1 month	_____
	❑ Click-Easy®:	8.8mg			
	❑ Saizenprep®:	8.8mg		1 month	_____
❑ Supprelin LA®	implant:	50mg		12 month	_____
❑ Zomacton®	vial:	❑ 5mg ❑ 10mg Dilute vial with _____ mL/diluent		1 month	_____
❑ Other				_____	_____

SUPPLIES ❑ Pen Needles Size _____ Qty _____ ❑ Syringes Size _____ Qty _____

By signing this form and utilizing our services, you are authorizing Kroger Specialty Pharmacy™ and it's employees to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies.

Prescriber's Signature (no stamps) Substitution Permitted Date

Prescriber's Signature (no stamps) Dispense As Written Date