

**Endometriosis
REFERRAL FORM**

Phone: 818-390-9696 Toll-free: 855-265-7850 • Fax: 818-804-3492 Toll-free fax: 855-450-6717 • info@MedicoRX.com

Patient information		Prescriber information	
Name:	DOB:	Prescriber's Name:	
Address: City, State, Zip		NPI#	
		DEA#	License#
Phone #	Alt#	Address City, State, Zip	
SSN:			
Height:	Wt:	Phone #	Fax #
Allergies:			
Emergency Contact/ Phone #		Contact Person:	

Clinical Consideration
<p>Diagnosis (ICD 10) :</p> <ul style="list-style-type: none"> <input type="checkbox"/> N80.0 Endometriosis of uterus <input type="checkbox"/> N80.1 Endometriosis of ovary <input type="checkbox"/> N80.2 Endometriosis of fallopian tube <input type="checkbox"/> N80.3 Endometriosis of pelvic peritoneum <input type="checkbox"/> N80.4 Endometriosis of rectovaginal septum and vagina <input type="checkbox"/> N80.5 Endometriosis of intestine <input type="checkbox"/> N80.6 Endometriosis in cutaneous scar <input type="checkbox"/> N80.8 Other endometriosis <input type="checkbox"/> N80.9 Endometriosis, unspecified <p>Other (please specify) _____</p>

Medication	Dose/Strength	Directions for Use	Quantity	Refills
<input type="checkbox"/> Lupron Depot™ (leuprolide acetate)	<input type="checkbox"/> 3.75 mg IM <input type="checkbox"/> 11.25 mg IM	<input type="checkbox"/> Once a Month <input type="checkbox"/> Once Every 3 Months		
<input type="checkbox"/> Lupaneta Pack™ (leuprolide acetate)	<input type="checkbox"/> 3.75 mg IM Includes norethindrone acetate 5 mg tablets <input type="checkbox"/> 11.25 mg IM Includes norethindrone acetate 5 mg tablets	<input type="checkbox"/> Once a Month →Take One by Mouth Daily <input type="checkbox"/> Once Every 3 Months →Take One by Mouth Daily	#30	
			#90	

By signing this form I authorize MedicoRX and its representatives to act as my agent in order to initiate and execute the insurance prior authorization process and, in doing so release clinical information via phone to the appropriate third party payer.

Prescriber's signature (no stamps) if brand required check this DAW___

Date