

Physician Name: \_\_\_\_\_ Center: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Patient Enrollment**

For office use only

First Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Allergies: \_\_\_\_\_  
 Address: \_\_\_\_\_ Email: \_\_\_\_\_  
 Home #: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Work #: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Cell #: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**PLEASE READ CAREFULLY - ANSWER IS REQUIRED**

My patient and/or his or her spouse is eligible for the Heart for Heroes program by being a medically separated from active duty, Department of Defense Category 2 or 3\* injured veteran whose service related injury resulted in infertility requiring assisted reproduction and has no insurance coverage for the eligible Heart for Heroes medications. My patient is a resident of the 50 United States or the District of Columbia.

YES  NO

\*Category 2 veterans include those with a serious injury or illness, who are unlikely to return to duty within a time specified by his or her Military Department, and who may be medically separated from the military. Category 3 veterans include those who have a severe or catastrophic injury or illness, who are highly unlikely to return to duty, and who will most likely be medically separated from the military.

**Heart for Heroes Eligible Medication\*\***

- MENOPUR 75IU** (menotropins for injection, USP): # \_\_\_\_\_ vials to dispense       **Endometrin 100mg** vaginal inserts      # \_\_\_\_\_ inserts to be dispensed  
 Sig: \_\_\_\_\_ Refills \_\_\_\_\_      Sig: \_\_\_\_\_ Refills \_\_\_\_\_
- NOVAREL 5,000 units** (chorionic gonadotropin for injection, USP): # \_\_\_\_\_ vials to dispense
- Sig: \_\_\_\_\_ Refills \_\_\_\_\_
- 27g 1/2" 3cc \_\_\_\_\_ Syringes to be dispensed
- 25g 1/2" 3cc \_\_\_\_\_ Syringes to be dispensed

**\*\*Please note, ONLY the medications listed in this box are eligible for the Heart for Heroes program. Additional or ancillary medications will be processed through insurance and/or require out-of-pocket expense\*\***

**OTHER MEDICATIONS**

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Ganirelix Acetate 250mcg/0.5ml</b> _____ PFS to be dispensed<br/>Sig: _____ Refills _____</li> <li><input type="checkbox"/> <b>Leuprolide Acetate 2 week kit</b> _____ Kits to be dispensed<br/> <input type="checkbox"/> <i>Extra Leuprolide Syringes to be refilled only after request by patient</i><br/>           Sig: _____ Refills _____<br/>           For Leuprolide:<br/> <input type="checkbox"/> 28g 1/2" insulin syringe _____ # _____ Refills<br/>           For HCG:<br/> <input type="checkbox"/> 22g 1 1/2" 3cc syringe and needle _____ # _____ Refills<br/> <input type="checkbox"/> 25g 1 1/2" needle _____ # _____ Refills<br/> <input type="checkbox"/> <b>Other:</b> _____ To be dispensed<br/>           Sig: _____ Refills _____<br/> <input type="checkbox"/> <b>Other:</b> _____ To be dispensed<br/>           Sig: _____ Refills _____</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Other:</b> _____ To be dispensed<br/>Sig: _____ Refills _____</li> <li><input type="checkbox"/> <b>Other:</b> _____ To be dispensed<br/>Sig: _____ Refills _____</li> <li><input type="checkbox"/> <b>Other:</b> _____ To be dispensed<br/>Sig: _____ Refills _____</li> <li><input type="checkbox"/> <b>Other:</b> _____ To be dispensed<br/>Sig: _____ Refills _____</li> <li><input type="checkbox"/> <b>MDR Sharps Container</b></li> <li><input type="checkbox"/> <b>MDR Instruction Sheets</b></li> <li><input type="checkbox"/> <b>MDR Care Package: (Sharps container, sterile sponges, band-aids &amp; alcohol swabs)</b></li> </ul> |
|---|--|

Ship to Pt. Home       Ship to MD Office

Today's Date: \_\_\_\_\_ Anticipated start date: \_\_\_\_\_ Nurses Name (Please print): \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ **M.D. \*PHYSICIAN MUST SIGN MEDICATION ORDER!**

Interchange is mandated unless practitioner writes "NO SUBSTITUTION" in this space: \_\_\_\_\_