benevere PHARMACY
60 Market Center Dr. #103, Collierville, TN 38017
O: 901.316.5752 F: 901.316.5760
beneverepharmacy.com

TODAY'S DATE:_____

☐ NEW PATIENT ☐ CURRENT PATIENT

FERTILITY PRESCRIPTION REFERRAL FORM

PATIENT INFORMATION

Patient Name _____

Address _____

City _____ State_____ Zip_____

Home Phone_____ Cell_____

DOB_____ SSN_____

Drug Allergies_____ ☐ Male ☐ Female

PRESCRIBER INFORMATION

Prescriber Name _____ Lic#_____

DEA# _____ Tax ID_____

Practice Name _____

Address_____ Suite_____

City _____ State_____ Zip_____

Office Phone_____ Fax_____

INSURANCE, MEDICARE OR MEDICAID INFORMATION

Primary Insurance _____

Policy # _____ Group_____

Insurance Phone_____

Secondary Insurance (if applicable)_____

Policy # _____ Group_____

Insurance Phone_____

Prescription Drug Coverage: Company_____ Phone_____

RXGRP#_____ RXBIN#_____ PCN/ID# *(if available)*_____

COMPLETE OR FAX FRONT AND BACK COPIES OF INSURANCE, PRESCRIPTION AND/OR CO-PAY ASSISTANCE CARDS

CLINICAL INFORMATION

Check appropriate boxes: ☐ CRVO/AH ☐ CRYO Cycle ☐ IVF ☐ ICSI/AH ☐ RECIPIENT (Egg Donation) ☐ EGG DONOR ☐ IUI (Partner) ☐ IUI (Donor)

Anticipated Start Date:_____

☐ Patient has received injection training ☐ Physician's office to provide injection training ☐ Benevere Rx to coordinate injection training

DRUG NAME	STRENGTH	MAX DAILY DOSE	DIRECTIONS FOR USE	QUANTITY	REFILLS
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Deliver to: ☐ Patient's home ☐ MD's Office ☐ 1st dose to MD's Office, remaining refills to patient's home

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

Prescriber's Signature (signature required. NO STAMPS) Date

Please fax completed referral form to Benevere at 901.316.5760

visit us at www.beneverepharmacy.com for online fillable forms.