



Fertility Agent Request Form

Fax this form and supporting chart notes to (503) 346-8351

Patient Information		
Last Name:	First Name:	
ID#:	Date of Birth:	
Prescriber Information		
Last Name:	First Name:	
NPI #:		
Phone #:	Prescriber Fax #:	
Address:		
City:	State:	Zip:
Medication Information		
Name:	Strength:	Directions:
Name:	Strength:	Directions:
Name:	Strength:	Directions:

Does the patient meet one or more of the following conditions? Select all that apply.

Female:

- 35 years of age or younger with failure to conceive after regular unprotected sexual intercourse for one year or more
- 35 years of age or older with failure to conceive after regular unprotected sexual intercourse for six months or more
- Requiring medical assistance to conceive (e.g. oligoovulation due to PCOS) including same-sex couples and single persons using partner or donor gametes
- Prior diagnosis of infertility
- Recurrent pregnancy loss defined as two or more pregnancy losses (miscarriages) prior to twenty weeks gestation
- Prior cycle of in vitro fertilization or intracytoplasmic sperm injection with failure
- Premature ovarian insufficiency or decreased ovarian reserve due to gonadotoxic therapy
- Fertility preservation (oocyte/embryo/ovarian tissue banking) prior to gonadotoxic therapy
- History of bilateral oophorectomy

Male

- Infertility due to gonadotoxic therapy (e.g., orchiectomy or chemotherapy or lupus therapy)
- Fertility preservation (sperm/testicular tissue banking) prior to gonadotoxic therapy
- Non-obstructive azoospermia or severe oligospermia
- Paraplegia and sperm retrieval required to achieve pregnancy
- HIV positive AND adherent with antiretroviral therapy AND washed sperm needed for insemination

I attest that the patient is eligible for infertility treatment and that the information provided is accurate and true.

Prescriber Signature: _____

Date: _____

Confidentiality Notice: The documents accompanying this transmission contain confidential information that is legally privileged. If you are not the intended recipient, please immediately notify the sender and dispose of these documents.