

**CenterWell Specialty Pharmacy™**

Monday – Friday, 8 a.m. – 11 p.m., and  
Saturday, 8 a.m. – 6:30 p.m., Eastern time

Remove above portion before faxing. Please complete the prescription form in its entirety and fax with secure cover sheet to the number above.

**Women's Healthcare Contraception Prescription Form**

**Patient information**

Patient: \_\_\_\_\_  Female  Male DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  lb  kg Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_  
 Home phone #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_ Caregiver: \_\_\_\_\_ Caregiver phone #: \_\_\_\_\_  
 Other medical conditions: \_\_\_\_\_ Allergies:  No  Yes: \_\_\_\_\_  
 Insurance plan: \_\_\_\_\_ Plan ID #: \_\_\_\_\_ BIN: \_\_\_\_\_ PCN: \_\_\_\_\_ Group #: \_\_\_\_\_  
 \*Please send a copy of the patient's prescription insurance card if available.

**Clinical information**

ICD-10 code: <input type="checkbox"/> N92.0 <input type="checkbox"/> N92.4 <input type="checkbox"/> Z30.430 <input type="checkbox"/> Other: _____	Additional information: Requested date of delivery: _____ Scheduled insertion date: _____ Date of last menses: _____
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**Prescription information** Note: Ohio law allows one prescription per preprinted order form. Please use additional forms for more than one prescription.

Medication	Dose	Directions	Quantity	Refills
<input type="checkbox"/> Kyleena (levonorgestrel-releasing intrauterine system)	19.5 mg	To be inserted by prescriber Route: intrauterine	1	_____
<input type="checkbox"/> Liletta (levonorgestrel-releasing Intrauterine system)	52mg	To be inserted by prescriber Route: intrauterine	1	_____
<input type="checkbox"/> Mirena (levonorgestrel-releasing intrauterine system)	52 mg	To be inserted by prescriber Route: intrauterine	1	_____
<input type="checkbox"/> Nexplanon (etonogestrel implant)	68 mg	To be inserted by prescriber Route: subdermal	1	_____
<input type="checkbox"/> Paragard (Intrauterine copper contraceptive)	1 copper IUD	To be inserted by prescriber Route: intrauterine	1	_____
<input type="checkbox"/> Skyla (levonorgestrel-releasing intrauterine system)	13.5 mg	To be inserted by prescriber Route: intrauterine	1	_____
<input type="checkbox"/> _____	_____	_____	_____	_____

**Prescriber and shipping information (please print)**

Prescriber: \_\_\_\_\_ NPI: \_\_\_\_\_  
 Ship to:  Patient  Office  Other: \_\_\_\_\_  
 Office address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_  
 Office phone number: \_\_\_\_\_ Office fax number: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 We will dispense this prescription as generic, unless the prescriber indicates "Dispense as Written" here: \_\_\_\_\_

The prescriber is to comply with his/her state-specific prescription requirements, such as e-prescribing, state-specific prescription form and fax language. Noncompliance with state-specific requirements could result in outreach to the prescriber.