

Oncologist Form

This form is required when completing the online Oncofertility application at reuniterx.com

Date : _____/___/_

Eligible Medications:

- Follistim AQ (Limit 2,700 IU)
- Ganirelix Acetate (Limit 5 Syringes)
- Pregnyl (Limit 10,000 IU)

ReUnite Rx Oncofertility Requirements:

- Self-pay patients
- · Female patients requiring medical treatment for cancer

 No prior chemotherapy treatments 	eatment for cancer		
Patient Name: (First, MI, Last):			
Date of Birth://	Phone Number:		
Type of Cancer:	Diagn	osis Date:	
Treatment Plan:			
Treatment Timeline:			
Is there an infertility risk with this treatr	nent? Yes No		
Oncologist information			
Physician Name:			
NPI#:	Clinic:		
Address:			
City:	State:	Zip:	
Phone:	Fax:		
Email:			
I have discussed with the patient the risks, benefits that this patient does not have any contraindicatio specialist. ReUnite Rx is not responsible for the trea	ons to the fertility preservation treatm	ents being recommended to them by their fert medical personnel.	
Oncologist signature:		Date:	

ReUnite Rx Oncofertility Program is not insurance. Offer is not valid for any prescription that is paid for, in whole or in part, or is eligible for payment, reduced copay, or reimbursement, by any third party employer or payer. Offer not valid for prescriptions that may be covered under any Federal, State, or government-funded healthcare program, such as Medicare, Medicare Advantage, Medicaid, Medigap, Veterans Affairs, the Department of Defense, or TRICARE. Use of this offer is confirmation that you are permitted, under the terms and conditions of the health benefit plan(s) covering your prescriptions.

^{*} This form is not a prescription and does not represent an application for insurance.