CompreCare | Rx

Specialty Pharmacy
JCAHO Accredited

GROWTH HORMONE ENROLLMENT FORM

Phone: 800-541-2030
Fax: 888-862-4769

PATIENT INFORMATION		
Patient Name	Male ☐ Female ☐	Allergies NKDA
Date of Birth	SSN#	Weight Kg Lb Date / /
Address	City	State/Zip
Phone # (Home)	Work #	Email Address
Caregiver	Case Manager	

INSURANCE INFORMATION	
Primary Insurance	Policy Holder
Group # Policy #	Phone #
Secondary Insurance Policy #	Phone #

DIAGNOSIS/MEDICAL INFORMATION (PLEASE SPECIFY PRIMARY & SECONDARY DIAGNOSIS)		
☐ E23.0 Growth Hormone Deficiency	☐ Q96.9 Turner Syndrome	☐ N18.9 Growth retardation with chronic renal insufficienty
☐ R62.52 Idiopathic Short Stature (ISS)	☐ Q87.1 Prader-Willi Syndrome	☐ Q89.8 Other Specified Congenital Malformations
☐ P05.10 Small Gestational Age	☐ Q87.1 Noonan Syndrome	☐ Other Code: Description:

PRESCRIPTION INFORMATION

Medication	Strength	Directions	Quantity	Refills
☐ Genotropin®	☐ 5 mg ☐ 12 mg	___mg SQ ___days per week		
☐ Genotropin® Pen	☐ 5 mg ☐ 12 mg			
☐ Genotropin® MiniQuick	☐ 0.2 mg ☐ 0.4 mg ☐ 0.6 mg ☐ 0.8 mg ☐ 1 mg ☐ 1.2 mg ☐ 1.6 mg ☐ 1.8 mg ☐ 2 mg	___mg SQ ___days per week		
☐ Humatrope®	☐ 5 mg vial ☐ 6 mg ☐ 12 mg ☐ 24 mg	___mg SQ ___days per week		
☐ Norditropin FlexPro®	☐ 5 mg ☐ 10 mg ☐ 15 mg ☐ 30 mg	___mg SQ ___days per week		
☐ Nutropin AQ NuSpin®	☐ 10 mg ☐ 20 mg	___mg SQ ___days per week		
☐ Omnitrope ®	☐ 5 mg ☐ 10 mg ☐ 5.8 mg/vial	___mg SQ ___days per week		
☐ Omnitrope® Pen	☐ 5 mg ☐ 10 mg			
☐ Saizen®	☐ 5 mg vial kit ☐ 8.8 mg vial kit ☐ 8.8 mg click easy cartridge ☐ cool.clik® 2 device ☐ cool.click™ devide ☐ easypod™ ☐ one-click™ device	___mg SQ ___days per week		
☐ Zomacton™	☐ 5 mg vial ☐ 10 mg vial	___mg SQ ___days per week		
☐ Zoma-Jet5™				

DELIVERY INSTRUCTIONS	
☐ Physician's Office ☐ Patient's Home ☐ Other	
Address	Phone #
City/State/Zip	Date Medication Needed / /

PHYSICIAN CONTACT INFORMATION & AUTHORIZATION	
Physician Name	Phone Fax
Address	City/State/Zip
NPI # DEA #	Office Contact

Physician Signature
(signature required to process prescription)

Date