

**I.U.D.
Enrollment
Form**



Phone: 866-778-8255
Fax: 866-398-2988
infusion@skyemed.com

Deliver Medications To: Doctor's Office **Scheduled Placement Date::** _____ **Requested Delivery Date:** _____

Patient Demographics:

Last Name: _____ First Name: _____ Date of Birth: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ SS#: _____

Prescription Insurance: (Please attach copy of the front and back of patient's card)

Primary Insurance & Phone: _____ RX BIN #: _____ RX PCN#: _____
Patient ID/Policy Number: _____ Relation to patient: _____ Patient RX Group Number: _____
Secondary Insurance & Phone: _____ RX BIN #: _____ RX PCN#: _____
Patient ID/Policy Number: _____ Relation to patient: _____ Patient RX Group Number: _____

Patient Clinical Information/History: (Please attach a copy of patient's recent chart notes, pathology and labs)

Diagnosis: _____ ICD10 Code: _____ Diagnosis Date: _____ Patient's Weight (lbs): _____
Therapy (circle): New Retreat Sex: Female Date of last menses: _____ Patient's Height (inches): _____
Drug Allergies: _____



NKDA ☐

Current Medications including OTC products:

Training Kit:

☐ Prescriber has been trained in the placement of Mirena ☐ Prescriber has not been trained. Send Mirena training kit

Prescription Information:

Drug	Strength	Directions	Quantity	Refill
<input type="checkbox"/>  Mirena® (levonorgestrel-releasing intrauterine system) 52mg		To be inserted intrauterinely one time by prescriber	1	
<input type="checkbox"/>  Skyla® (levonorgestrel-releasing intrauterine system) 13.5 mg		To be inserted intrauterinely one time by prescriber	1	

Prescriber Information:

Prescriber Name: _____ Facility, Group or Hospital: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Office Phone: _____ Office Fax: _____ Office Contact: _____
DEA: _____ NPI: _____ UPIN: _____ State License: _____

Physician Signature: _____ Date: _____

*If Physician requests brand name Only, "Brand Medically Necessary" Must be handwritten below: