

Patient: _____ DOB : _____ DX: _____

Address: _____ Ht: _____ Weight: _____

GROWTH HORMONE PRESCRIPTION

___ Nutropin AQ Pen Cartridge 10mg/2cc (dose in 0.1mg increments) _____mg SQ ___ days/week

___ Nutropin AQ Pen Cartridge 20mg/2cc (dose in 0.2mg increments) _____mg SQ ___ days/week

___ Nutropin AQ 10mg/2cc vials (5mg/cc) _____mg SQ ___ days/week

___ Nutropin vials ___ 5mg ___ 10mg Add ___ cc & inject ___cc (___mg) SQ ___ days/week

___ Humatrope 6mg/3cc cartridges (dose in 0.1mg increments: Each click =0.1mg) _____mg SQ ___ days/week

___ Humatrope 12mg/3cc cartridges (dose in 0.2mg increments: Each click =0.2mg) _____mg SQ ___ days/week

___ Humatrope 24mg/3cc cartridges (dose in 0.4mg increments: Each click =0.4mg) _____mg SQ ___ days/week

___ Humatrope 5mg vials Add ___cc and inject ___cc (___mg) SQ ___ days/week

___ Nordi Pen 5mg/1.5cc cartridges (dose in 0.05mg increments) _____mg SQ ___ days/week

___ Nordi Pen 15mg/1.5cc cartridges (dose in 0.1mg increments) _____mg SQ ___ days/week

___ Norditropin Nordiflex 5mg (dose in 0.025mg increments) _____mg SQ ___ days/week

___ Norditropin Nordiflex 10mg (dose in 0.05mg increments) _____mg SQ ___ days/week

___ Norditropin Nordiflex 15mg (dose in 0.075mg increments) _____mg SQ ___ days/week

___ Genotropin 5.8mg cartridges (dose in 0.1mg increments) ___Pen ___ Mixer & Insulin Syringes _____mg SQ ___ days/week

___ Genotropin 13.8mg cartridges (dose in 0.2mg increments) ___Pen ___ Mixer & Insulin Syringes _____mg SQ ___ days/week

___ Genotropin Mini-Quick Syringes (dose in 0.2mg increments) _____mg SQ ___ days/week

___ Saizen vials ___ 5mg ___ 8.8mg Add ___cc and inject ___cc (___mg) SQ ___ days/week
Use with: ___ Cool Click Device ___ Insulin Syringes

___ Saizen Click Easy 8.8mg for 1 Click Device (0.12mg per click) Administer ___mg (___ clicks) SQ ___ days/week

___ Easy Pod using Saizen 8.8mg vials Administer ___mg (___ clicks) SQ ___ days/week

___ Serofine needles Dose adjustment: ___ Off ___ > 50% Automatic dose adjustment: ___10% ___25% ___50%

___ Tev-Tropin 5mg Vials Use with ___ Insulin Syringes Add ___cc and inject ___cc (___mg) SQ ___ days/week

___ Lupron Depot Ped ___7.5mg ___11.25mg ___15mg ___3.75 Lupron Depot Inject IM every 28 days or ___ days as directed.

___ Hydrocortisone Suspension 2mg/ml or ___mg/ml Sig: Give ___mg (___ml) by mouth ___ times per day
Triple the dose in the case of fever or stress and call your physician.

Dispense _____ day supply Refills _____ Prn x 1 year or _____ months total

Physician's Signature

Print Physician name

Date Written

Address: _____

Phone: _____ DEA#: _____ NPI#: _____