

# Intrauterine Device Order

MUST BE PLACED BY A PHYSICIAN



**Fax to 801-442-0709 or email to [homecare@mail.org](mailto:homecare@mail.org)**

## Medication Order (Check one)

<input type="checkbox"/> Kyleena 19.5 mg IUD 50419-0424-01	Qty:1	J7296
<input type="checkbox"/> Mirena 52 mg IUD 50419-0423-01	Qty:1	J7298
<input type="checkbox"/> Skyla 13.5 mg IUD 50419-0422-01	Qty:1	J7301
<input type="checkbox"/> Nexplanon 68 mg Implant IUD 78206-0145-01	Qty:1	J7307

### Directions:

Device inserted in office by physician

Prescriber's Name:

Prescriber's Signature:

Date:

Requested delivery date:

Time:

Name of clinic to deliver medication to:

Address of clinic:

Office Contact:

Clinic Phone:

Patient Name:

DOB:

Patient address:

Diagnosis:

Allergies:

IUD will be ordered the day this fax is received. It will be shipped via UPS ground within 3 business days to the clinic.

Please notify the patient of the following they will receive a bill from Intermountain Health, Home Services for any co- insurance for the device.

**Infusion Pharmacy • Phone: (385) 887-7351 • Toll Free: 1-888-887-0015 • Fax: (801) 442-0709**  
**Email: [homecare@mail.org](mailto:homecare@mail.org)**

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