

Intrauterine Device Order

MUST BE PLACED BY A PHYSICIAN



Fax to 801-442-0709 or email to homecare@imail.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@imail.org

Revised: 9-9-2025