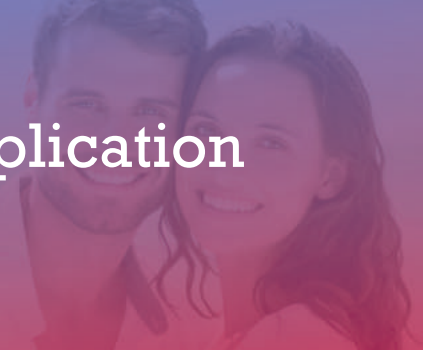
Oncofertility Application
Oncologist Form



Eligible Medications:

Date : _____ /_____ /_____

Follistim AQ and Ganirelix Acetate

ReUnite Rx Oncofertility Requirements:

- Self-pay patients
- Female patients requiring medical treatment for cancer
- No prior chemotherapy treatments

Patient Name: (First, MI, Last): _____

Date of Birth: _____ /_____ /_____ Phone Number: _____

Type of Cancer: _____ Diagnosis Date: _____

Treatment Plan: _____

Treatment Timeline: _____

Is there an infertility risk with this treatment? ☐ Yes ☐ No

Oncologist information

Physician Name: _____

NPI#: _____ Clinic: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

I have discussed with the patient the risks, benefits, alternatives and side effects of fertility preservation and cancer treatments. I confirm that this patient does not have any contraindications to the fertility preservation treatments being recommended to them by their fertility specialist. ReUnite Rx is not responsible for the treatment plan and outcome provided by medical personnel.

Oncologist signature: _____ Date: _____

ReUnite Rx Oncofertility Program is not insurance. Offer is not valid for any prescription that is paid for, in whole or in part, or is eligible for payment, reduced copay, or reimbursement, by any third party employer or payer. Offer not valid for prescriptions that may be covered under any Federal, State, or government-funded healthcare program, such as Medicare, Medicare Advantage, Medicaid, Medigap, Veterans Affairs, the Department of Defense, or TRICARE. Use of this offer is confirmation that you are permitted, under the terms and conditions of the health benefit plan(s) covering your prescriptions.

** This form is not a prescription and does not represent an application for insurance.*