



**Desert Hospital Outpatient Pharmacy**  
 1180 N. Indian Canyon Dr., Suite E140, Palm Springs, CA 92262  
 Phone: 760-323-1001 Fax: 760-323-1144  
 Email: [dhop\\_fax@fillrx.net](mailto:dhop_fax@fillrx.net) :: <https://fillrx.net/deserthospital/>

Fax to: <b>877-354-6679</b> <b>(or)</b> <b>760-323-1144</b>
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## OB-GYN & Other Specialty Drugs Prescription Form

*Please complete the request form and fax it to Desert Hospital Outpatient Pharmacy; Fax Number: 760-323-1144*

Member Information		Provider Information (Pl. indicate where device needs to be mailed, including phone number)	
Member Name:		Provider Name:	
Address:		Address:	
DOB:		NPI:	
Phone:		Phone:	
Ins Type: <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Commercial		Fax:	
Ins Id:	Grp#:	(Commercial Ins, Pl include front/back copy of Card)	
<b>PLEASE NOTE: Physician office must notify Desert Hospital Outpatient Pharmacy at 760-323-1001 of any cancellations and/or rescheduling of the IUD insertion.</b>			

Medical Justification: Please check all that apply

<b>ICD-10 Codes:</b> 1. _____ 2. _____ 3. _____
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- ☆ Diagnosis: \_\_\_\_\_
- ☆ Other Dx: \_\_\_\_\_
- ☆ Risk and benefits of IUD as a contraceptive method has been discussed with Member



Drug	Category	Directions	Qty	Refills	Ship to Provider (or) Member
Depo Provera 150mg	Injectable		1		Provider
Lupron Depot _____ mg	Injectable		1		Provider
Makena 275mg/1.1ml	Auto Injectable		4		
Rhogam 1500 IU	Injectable		3	0	Provider
Gardasil	Vaccine		3	0	Provider
Adacel	Vaccine		1	0	Provider

The above drugs may require Prior Authorization approval from the Medi-Cal. Prescriber may seek Prior Authorization from Medi-cal (or) must provide supporting documentation for the pharmacy to submit.

Date required by: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature: _____	Date: _____
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