

## PRESCRIPTION FORM

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## ANNOVERA™ (segesterone acetate and ethinyl estradiol vaginal system)

### Patient Information

Patient Name (Required)

Cell Phone Number (or preferred contact number)

Date of Birth

Email

Address

City

State

ZIP Code

### Prescriber Information (healthcare provider to complete)

Prescriber (First, Last Name)

Phone Number

Fax Number

NPI Number

### Prescription Information (to be filled out by healthcare provider)

**ANNOVERA™ (segesterone acetate and ethinyl estradiol vaginal system)**

**PRODUCT BILLING CODE:** 50261-0313-01

**SIG:** ANNOVERA should be placed into the vagina for 21 days then removed for 7 days of each cycle, for up to 13 cycles.

Each **ANNOVERA** is designed to be used for up to 13 cycles (1 year) when left in place 21 days and removed 7 days per cycle

Each box contains 1 **ANNOVERA** vaginal system in a pouch and 1 storage case.

**Prescriber Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Processing and fulfillment of prescription may be completed by vitaCare Prescription Services or transferred to another pharmacy based on patient's insurance and filling preference.

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