

Women's Health America, Inc  
PO Box 259690 • Madison, WI 53725-9690  
Monday through Friday • 8:30 a.m. - 5:30 p.m. CST  
www.womenshealth.com

**Enrollment Form**

Provider

Provider Name (please print): \_\_\_\_\_ Date \_\_\_\_\_  
Primary Office Contact Person: \_\_\_\_\_ DEA# \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email \_\_\_\_\_

Patient

Patient Name: \_\_\_\_\_ Sex: M or F (circle one) Date of Birth: \_\_\_\_\_  
ICD9/Diagnosis: \_\_\_\_\_ (Default is 259.9: hormone imbalance) Daytime Phone: \_\_\_\_\_  
Shipping Address: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_ Email: \_\_\_\_\_

**FOLLOW-UP E<sub>2</sub>, P, T HORMONE AND OSTEOPOROSIS THERAPY MONITORING FOR ALL YOUR HORMONE THERAPY PATIENTS**

**YES**, please enroll my hormone therapy patient in the Restore *What's My Level?* free follow-up E<sub>2</sub>, P, T hormone and NTx bone loss testing program – a \$135 value at no charge to me or my patient.

Once enrolled, my patient will receive the following testing services through the Restore *What's My Level?* program.

- Free follow-up E<sub>2</sub>, P, T hormone and NTx bone loss testing – at three (3) months after Madison Pharmacy Associates begins filling the patient's hormone prescription(s).\*
- Free annual follow-up NTx bone loss and E<sub>2</sub>, P, T hormone testing – as long as hormone prescription(s) are filled by Madison Pharmacy Associates.\*

The appropriate collection kit will be mailed to your patient at three (3) months. Each kit contains everything needed to collect sample(s) and return them to Women's Health America for analysis. Results and recommendations will be mailed or faxed to you, the healthcare provider.

*\* Note: In order to assure that the appropriate hormones are tested and proper dosage adjustment recommendations are made by Women's Health America, your patient's hormone prescription(s) must be filled through Madison Pharmacy Associates. The free test program applies only to estradiol, progesterone, testosterone, and NTx bone loss analysis. Additional testing services may be ordered for an additional fee. Standard shipping charges will apply on all test kits shipped to the patient. Call 800.558.7046 for additional information.*

**R<sub>x</sub>**

Please indicate specific hormone therapy and/or osteoporosis prescriptions for this patient.

Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

Please complete this form including your patient's hormone prescription(s) along with your signature.

**Fax completed form to 888.898.7412**