# FAST IVF

**YOUR #1 IVF MEDICATIONS PROVIDER**

1-855-483-6278 | INFO@FASTIVF.COM

**FAST SHIPPING**
Standard 3-5 business days shipping with option for expedited shipping

**PAYMENT METHODS**
We accept credit card only cards, VISA or MasterCards or Bank Wires accepted.

**24/7 CUSTOMER SERVICE**
available 24/7 via phone or email

| NAME OF PRODUCT | DOSAGE | | BRAND | PRICE | QTY | REFILLS |
|---|---|---|---|---|---|---|
| Follitropin Alfa | Gonal-F® | 300 IU Pen | Serono | $ 135.00 | | |
| | Gonal-F® | 450 IU Pen | Serono | $ 222.00 | | |
| | Gonal-F® | 900 IU Pen | Serono | $ 439.00 | | |
| FSH/Urofollitropin | Fostimon® | 75 IU Vial | IBSA | $ 42.00 | | |
| | Fostimon® | 150IU Vial | IBSA | $ 83.00 | | |
| | Pergoveris® | 150IU/75IU Vial | Serono | $ 390.00 | | |
| HMG | Meriofert® | 75 IU Vial | IBSA | $ 42.00 | | |
| | Meriofert® | 150 IU Vial | IBSA | $ 83.00 | | |
| | Menopur® | 75 IU Vial | Ferring | $ 48.00 | | |
| | Menopur® | 600 IU Multi Vial | Ferring | $ 395.00 | | |
| Ganirelix | Orgulatran® | 0.25mg Syringe | MSD | $ 72.00 | | |
| Cetrorelix | Cetrotide® | 0.25mg Vial | Serono | $ 85.00 | | |
| hCG | HCG | 5,000IU Vial | | $ 105.00 | | |
| | HCG | 10,000IU Vial | | $ 180.00 | | |
| Choriogonadotropin Alfa | Ovidrel® | 250mcg/0.5mL | Serono | $ 72.00 | | |
| HGH | Omnitrope® | 5mg/ 1.5mL (15IU Cartridge) | Novo | $ 315.00 | | |
| | Omnitrope® | 10mg/1.5mL (30IU Cartridge) | Novo | $ 592.00 | | |
| | Genotropin® | 5.3mg (16IU Pen) | Pfizer | $ 320.00 | | |
| | Genotropin® | 12mg (36IU Pen) | Pfizer | $ 640.00 | | |
| Leuprorelin/Triptorelin | Luprova® | Lupron 3.75mg Injection | | $ 500.00 | | |
| | Luprodex® | Lupron 11.25mg Injection | | $ 690.00 | | |
| | Gonapeptyl® | 0.1mg/1mL Syringe | Ferring | $ 37.00 | | |
| Progesterone | Progestan® | 200mg (30 capsules) | Kocak | $ 52.00 | | |
| | Progestan® | 50mg/1mL (5 Ampules) | Kocak | $ 25.00 | | |
| | Prolutex® | 25mg (7 Vials) | IBSA | $ 190.00 | | |
| | | | | | | |
| | | | | **SHIPPING** | | |
| | | | | **TOTAL** | | |

PRESCRIBER NAME _____ PRESCRIBER SIGNATURE _____ DATE _____

**PATIENT NAME:**

**PATIENT TELEPHONE:**

**SHIPPING ADDRESS:**

**PATIENT EMAIL:**

*PLEASE ALSO ATTACH ORIGINAL CLINIC PRESCRIPTION AND FAX OR E-MAIL*

FAX: 1-855-369-9266 E-MAIL: info@FastIVF.com

TOLL FREE: 1-855-483-6278 WEBSITE: www.FastIVF.com

*Please note that this list is for most common orders, we carry all other fertility related meds as well.