Statement of Medical Necessity







Attach ☐ Patient Insurance Patient Authorization

with CFG Only	Salzen° (somatropin) for injection	easypod		one.click	800-582-7989 with any questions	Test Res	ults
Patient (first and last name Parent/Legal Guardian (first)		Date of Ri	irth ı	Ontiont's NAL 1. I.		
Parent/Legal Guardian (first Street Address	t and last name) _				Patient's Weight and	Height	
Street Address			6:1			Male	🖵 Femal
Street Address		\\\\\a_\\\.	City		State	_ Zip	
Home # (required) From time to time, EMD Sero to you? If yes, can we have yo	no develops educa	ational and marketing m	atoriala for Caina		_ Cell #		
to you! If yes, can we have yo	our email address?	9	ateriais for Salzen® pa	tients. Do we ha	ve your permission	to send these	e materials
E-mail PATIENT CONSENT AN							
"EMD Serono") to contact my party payor information, includ Information; and, (2) authorize EMD Serono in writing that I v Authorization" form concerning for choosing which prescription X (Patient or Legal Guardian Signati	Serono's CFG for Shealthcare provide ing but not limited those parties to divithdraw it. I under go the use and disclin products are righture)	aizen®, I hereby: (1) auth r, pharmacy, insurance of to any confidential med isclose (i.e., release) all stand that in order to posure of my Informatio t for me based on my p	orize EMD Serono, Inc company, or other third dical information, if app I such Information to I articipate in EMD Sero n and I agree to sign the articular diagnosis.	olicable (my "Info EMD Serono. Th ono's program, I hat form. I under	is authorization is palso need to sign a stand that my preson	incial, Insuran use and disclo permanent un separate "Pa cribing physic	ce or third- se that less I notif tient ian is
INSURANCE INFORMATION	TION (Attach copy,	front and back, of patient in	Isurance card)	gai Guardian)		Date	
MEDICAL INFORMATIO DIAGNOSIS —	N (Attach medical de	ocumentation / test results.)				
DIAGNOSIS							1
☐ Isolated Growth Hormone	Deficiency	ICD-10-0					ICD-10-CM
Panhypopituitarism	Denciency	E23.0		iced Hypopituit	arism		E22.1
			Uther				
Has patient previously received TRAINING BY MD Office or Pharmace INTERIM DRUG REQUES	y or LEMD Sei	rono/CFG 🖵 MD	Office or Home o	or 🔲 Web-base	ed or Homo Traini		
☐ MD Office or ☐ Pharmac INTERIM DRUG REQUES CHOOSE A DELIVERY D☐ easypod®	y or LEMD Sei	rono/CFG 🖵 MD	ING LOCATION .	or 🔲 Web-base	ed or Homo Traini		
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