

Patient name: _____ Today's date: _____

Most recent office visit: _____

HCP name & title: _____ HCP signature: _____

The following **REQUIRED** documentation is needed to support Humatrope therapy for this patient, and is critical for the Humatrope Reimbursement Center to conduct a thorough funding search. Please check either "Attached" or "Not Available." If selecting "Not Available," please complete the "Reason Not Available" section of this form.

Documentation Submitted	Attached	Not Available	Reason Not Available Provide the rationale for treatment if testing has not been performed (such as stimulation testing), or rationale for treatment if results are in a normal range
Annual Growth Rate	<input type="checkbox"/>	<input type="checkbox"/>	
Growth Chart	<input type="checkbox"/>	<input type="checkbox"/>	
Bone Age Report	<input type="checkbox"/>	<input type="checkbox"/>	
Thyroid Function Test Results	<input type="checkbox"/>	<input type="checkbox"/>	
IGF-I	<input type="checkbox"/>	<input type="checkbox"/>	
Stimulation Testing Results & Agents Used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> If "no," please submit detailed explanation:

The following additional information enhances our ability to provide a successful outcome to our funding search on behalf of this patient, and may prevent a future request for assistance:

Additional Documentation	Attached	Not Available
Patient History	<input type="checkbox"/>	<input type="checkbox"/>
Clinic Notes	<input type="checkbox"/>	<input type="checkbox"/>
IGFBP-3	<input type="checkbox"/>	<input type="checkbox"/>
MRI	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

Please refer to the Humatrope package insert for important prescribing information.

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IGF-I	<input type="checkbox"/>	<input type="checkbox"/>	
Stimulation Testing Results & Agents Used	<input type="checkbox"/>	<input type="checkbox"/>	

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Additional Documentation	Attached	Not Available
Thyroid Function Test Results	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Life Assessment	<input type="checkbox"/>	<input type="checkbox"/>
MRI	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

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