



Growth Velocity \_\_\_\_\_ cm/yr

Epiphyses Open: Yes or No (Circle one)

All causes for short stature, other than GH deficiency, ruled out? Yes or No (Circle one)

Provocative testing: (Initial GHD Only)

Agent 1 \_\_\_\_\_ Peak \_\_\_\_\_ Date \_\_\_\_\_

Agent 2 \_\_\_\_\_ Peak \_\_\_\_\_ Date \_\_\_\_\_

IGF-1 level & reference range **OR** IGFBP3 level & reference range \_\_\_\_\_

Thyroid level & reference range \_\_\_\_\_ Morning Cortisol level & reference range \_\_\_\_\_

What, if any, hormone replacement therapy, is client receiving:

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I certify that the indicated treatment is medically necessary and all information is true and correct to the best of my knowledge. I also attest that I have obtained authorization to release the above information. I will be supervising the patient's treatment.

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

(With this signature, the prescriber confirms that the information above is accurate and verifiable in patient records.) **Please note:** Nebraska Total Care may request chart documentation to verify the above information.

Submit requests to: Envolve Pharmacy Solutions

Fax: 1-866-399-0929 Tel: 1-844-330-7852