

Skyla®

(levonorgestrel-releasing intrauterine system) 13.5 mg

Mirena®

(levonorgestrel-releasing intrauterine system) 52 mg

Bayer WHC Support “No Call” Authorization Form

To Order by Phone: 1-866-647-3646 - option 1 for Mirena® or option 2 for Skyla®;
then option 1 for HCP; then option 1 for Orders

Fax: (877) 946-1000

Upon enrollment in this program, we DO NOT wish to be contacted to verify billing and shipping for all orders.

Skyla® Mirena®

Physician State Licensing Information (Required)

Licensed Physician Name: _____

State of Licensure: _____

State License #: _____

Shipping Information

Physician Name: _____

Institution / Practice Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ Fax: _____

E-mail: _____

Contact Name: _____

Bill to Address (If different from Shipping Address)

Physician Name: _____

Institution / Practice Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ Fax: _____

Signature Authorization

By signing below, I agree to be responsible for the accuracy of the information provided on this form and to have an available party to receive the product on the requested delivery date. I understand that orders delivered and billed as requested on this form, whether or not verified, will be the ordering entity's financial responsibility.

Signature: _____

Print Name: _____

Title: _____ Date: _____

