



NECS

Infusion Center

Kennebunk • Portsmouth • Scarborough • Topsham
Phone: 207-303-3225 Fax: 207-692-2473

Patient Name:	DOB: _____
Diagnosis: _____	Diagnosis Code: _____
Height: __ (cm) Actual Weight: __ (kg)	Allergies: -----, -----

Testosterone 200 mg IM Frequency: _____

Expires 6 month from date signed.

[*To speak to an infusion pharmacist, please call 828-018

!*Please call with any dose changes

Provider Name: _____
Provider Signature: _____ Date:
Phone: Fax: _____ Page _____