

Kyleena®  
(levonorgestrel-releasing  
intrauterine system) 19.5 mg

Mirena®  
(levonorgestrel-releasing  
intrauterine system) 52 mg

Skyla®  
(levonorgestrel-releasing  
intrauterine system) 13.5 mg



## Bayer WHC Support “No Call” Authorization Form

To Order by Phone: 1-866-647-3646 - option 1 for Kyleena®, option 2 for Mirena®,  
or option 3 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.

Kyleena     Mirena     Skyla

### 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: \_\_\_\_\_

