Therapeutics

OSTEOPOROSIS

PHONE: 832-813-8932 FAX: 888-883-9901

REFERRAL STATUS

☐ NEW REFERRAL ☐ DOSE/FREQUENCY CHANGE ☐ ORDER RENEWAL

PATIENT INFORMATION

NAME: _____

DATE OF BIRTH: _____/_____/_____

PHONE: (_____) _____- _____

ALLERGIES: _____

_____

WEIGHT: _____LBS HEIGHT: _____IN

PLEASE ATTACH DEMOGRAPHICS, CLINICALS, AND LABS

PROVIDER INFORMATION

NAME: _____

NPI: _____

SIGNATURE: _____

PHONE: (_____) _____- _____

FAX: (_____) _____- _____

CONTACT PERSON: _____

DATE: _____/_____/_____ REFILLS: _____

ALL ORDERS ARE VALID FOR ONE YEAR, UNLESS SPECIFIED

MEDICAL INFORMATION (REQUIRED)

☐ DEXA SCAN/BMD SCORES ATTACHED (MUST BE -2.5 OR GREATER, OR HAVE FRACTURES DOCUMENTED)
☐ CALCIUM LEVEL (WITHIN LAST 6 MONTHS)
☐ RECORDS OF PATIENT BEING ON VITAMIN D/CALCIUM SUPPLEMENTATION

MEDICATION ORDERS

☐ ZOLEDRONIC ACID/RECLAST 5MG/100ML IV SINGLE DOSE

☐ EVENITY 210MG SQ MONTHLY FOR ONE YEAR

☐ PROLIA 60MG SQ ONCE EVERY 6 MONTHS

☐ BONIVA 3MG IV EVERY 3 MONTHS

DIAGNOSIS

☐ M80.0_____ AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE

☐ M81.0 AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE

☐ M81.8 OTHER OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE

PRE-MEDICATIONS

BENADRYL IV _____ MG
REGLAN IV _____ MG
SOLUMEDROL IV _____ MG
ZOFRAN IV _____ MG
OTHER IV _____MG

BENADRYL PO _____ MG
TYLENOL PO _____ MG
ZYRTEC PO _____ MG
ZOFRAN PO _____ MG
ZANTAC PO _____ MG
OTHER PO _____ MG