

OSTEOPOROSIS



Toll free phone: 844.749.6628 Toll free fax: 855.516.3<u>880</u>

Patient Information - Please attach a copy of the patient's insurance card

Patient Name:	Date of Birth:			☐ Male ☐	☐ Male ☐ Female			
Address:		City:			State:	Zip:	Zip:	
Phone Number: A		Alternate Phone Number:			Language:			
Allergies (Required):		□ NKDA	NKDA Height: Weight		SSN:			
Product Shipping Options: ☐ Patient's Home ☐ Prescriber O~ice ☐ Alternative Address:								
Prescriber Information								
Practice Name:	O~ice Contact:							
Prescriber:			NPI: DE		DEA:	A:		
Practice Address:			City: State:		State:	Zip:		
Phone Number:	Fax Number:							
Clinical Information – Please send all available chart notes including lab results								
Diagnosis/ICD -10:								
BMD/T -score: Date of score: Is the patient new to therapy?			Does the patient have a histor If no, is the patient at high risk If yes, date of fracture: Location of fracture:		nt at high risk? cture:			
Prior Failed Medications: Actonel® Boniva® Forteo® Fosamax® Prolia® Reclast® Other:								
Prescription Information								
Medication	Strength	D	Directions			Quanti	ity	Refill
☐ Boniva®	3mg/ 3mL prefilled syringe i		Inject the contents of 1 syringe (3 mg) intravenously every 3 months. To be administered by a healthcare professional		e	1 prefille	od syringe	
			· ·	ealthcare professio			eu syrnige	
□ Forteo®	600 mcg/2.4 mL p	ar Ir d.	· ·	g) subcutaneously 28 days after first ∕ini™ Pen Needles	once use.		weeks supply)	
☐ Forteo® ☐ Prolia®	600 mcg/2.4 mL p 60 mg/1 mL prefil	pen d D n	dministered by a he nject 1 dose (20 mcg laily. Discard device Dispensed with BD N	g) subcutaneously 28 days after first Mini™ Pen Needles spensed) of 1 syringe (60 mg	once use. (28	1 pen (4		
		led syringe syringe and Ir stringe beautiful and	ndministered by a he nject 1 dose (20 mcg laily. Discard device Dispensed with BD N needles per 1 pen dis nject the contents o	g) subcutaneously 28 days after first Mini™ Pen Needles spensed) of 1 syringe (60 mg ry 6 months g) subcutaneously 30 days after first Short™ Pen	once ruse. (28	1 pen (4	weeks supply)	
□ Prolia®	60 mg/1 mL prefil	led syringe syringe and Ir stringe beautiful and	ndministered by a he nject 1 dose (20 mcg laily. Discard device Dispensed with BD N needles per 1 pen dis nject the contents o ubcutaneously ever nject 1 dose (80 mcg laily. Discard device Dispensed with BD	g) subcutaneously 28 days after first Mini™ Pen Needles spensed) of 1 syringe (60 mg ry 6 months g) subcutaneously 30 days after first Short™ Pen	once ruse. (28	1 pen (4	weeks supply) ed syringe	
☐ Prolia®	60 mg/1 mL prefil 2 mg/mL prefilled	led syringe Ir d. Syringe Ir d.	indivinistered by a head inject 1 dose (20 mcg laily. Discard device Dispensed with BD Natedles per 1 pen distribution inject the contents of ubcutaneously ever inject 1 dose (80 mcg laily. Discard device Dispensed with BD needles per 1 pen distribution in the second inject 1 dose (80 mcg laily. Discard device Dispensed with BD needles per 1 pen distributions.	g) subcutaneously 28 days after first Mini™ Pen Needles spensed) of 1 syringe (60 mg ry 6 months g) subcutaneously 30 days after first Short™ Pen	once ruse. (28	1 pen (4	weeks supply) ed syringe	
☐ Prolia®☐ Tymlos™☐ Other:	60 mg/1 mL prefilled 2 mg/mL prefilled E (PLEASE SIG	led syringe Solve And Date Be thatives to act as my authorized rior authorization forms, the refulfill this prescription, I further	inject 1 dose (20 mcg laily. Discard device Dispensed with BD Natedles per 1 pen dispect 1 dose (80 mcg laily. Discard device Dispensed with BD meedles per 1 pen dispect 1 dose (80 mcg laily. Discard device Dispensed with BD latedles per 1 pen dispect 1 pen dispect 1 dose (80 mcg laily. Discard device Dispensed with BD latedles per 1 pen dispect 1 pe	g) subcutaneously 28 days after first dini™ Pen Needles spensed) of 1 syringe (60 mg ry 6 months g) subcutaneously 30 days after first Short™ Pen I spensed)	once use. (28) once use. Needles (30	1 pen (4 1 prefille 1 prefille on process for my puding pursuing avai	ed syringe ed syringe ed syringe	ssistance on
□ Prolia® □ Tymlos™ □ Other: PRESCRIBER SIGNATURE *Prescriber Authorization: I authorize this pl behalf as my authorized agent, including the behalf of my patients. If this pharmacy deterr	60 mg/1 mL prefilled 2 mg/mL prefilled E (PLEASE SIG	led syringe Solve And Date Be thatives to act as my authorized rior authorization forms, the refulfill this prescription, I further	inject 1 dose (20 mcg laily. Discard device Dispensed with BD Natedles per 1 pen dispect 1 dose (80 mcg laily. Discard device Dispensed with BD meedles per 1 pen dispect 1 dose (80 mcg laily. Discard device Dispensed with BD latedles per 1 pen dispect 1 pen dispect 1 dose (80 mcg laily. Discard device Dispensed with BD latedles per 1 pen dispect 1 pe	g) subcutaneously 28 days after first dini™ Pen Needles spensed) of 1 syringe (60 mg ry 6 months g) subcutaneously 30 days after first Short™ Pen I spensed)	once use. (28) once use. Needles (30	1 pen (4 1 prefille 1 prefille on process for my puding pursuing avai	ed syringe ed syringe ed syringe	ssistance on

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