

| PATIENT INFORMATION (Complete or fax existing chart) | PRESCRIBER INFORMATION |
|--|------------------------------------|
| Patient Name: _____ | Prescriber Name: _____ |
| Address: _____ | State License: _____ NPI #: _____ |
| City, State, Zip: _____ | DEA: _____ Phone: _____ |
| Phone: _____ Alt. Phone: _____ | Address: _____ Fax: _____ |
| DOB: _____ Gender: M F Last 4 SSN: _____ | City, State, Zip: _____ |
| WT: _____ HT: _____ Allergies: _____ | Contact Person: _____ Phone: _____ |

INSURANCE INFORMATION - INSTEAD - just send us a copy of the patient's prescription / insurance cards (front & back)

| | |
|--------------------------|-------------------------|
| Primary Insurance: _____ | RX Card (PBM): _____ |
| City, State, Zip: _____ | BIN: _____ PCN: _____ |
| Plan #: _____ | City, State, Zip: _____ |
| Group #: _____ | Group #: _____ |
| Phone: _____ | Phone: _____ |

DIAGNOSIS/CLINICAL INFORMATION

733.0 Osteoporosis

Does the patient have a history of osteoporotic fracture? Yes No

Has the patient failed or is unable to tolerate bisphosphonate therapy? Yes No

If yes, please explain: _____

Does the patient have >1 risk factor for fracture? Yes No

If yes, please explain: _____

Will the patient be adequately supplemented with Calcium and Vitamin D? Yes No

Infusion Orders

| DRUG | DOSE/STRENGTH | DIRECTIONS |
|----------|--|---|
| Prolia® | <input checked="" type="checkbox"/> 60mg | Inject 60mg subcutaneously every 6 months |
| Reclast® | <input checked="" type="checkbox"/> 5mg | Infuse 5mg IV once a year |

SIGNATURE

X _____ DATE: _____

Prescribing Physician Signature

To ensure payment by insurance carrier, please include supporting clinical documentation for specified ICD 10 Code, demographic and insurance information along with faxed order. Initial appointment will be verified upon insurance approval.

Important Information: This facsimile transmission is intended to be delivered only to the named addressee and may contain material that is confidential, privileged, proprietary or exempt from disclosure under applicable law. If it is received by anyone other than the named addressee, the recipient should immediately notify the sender at the address and telephone number set forth herein and obtain instructions as to disposal of the material. In no event should such material be read by anyone other than the named addressee, except by express authority of the sender to the named addressee.