

SIX SIMPLE STEPS TO SUBMITTING A REFERRAL
1 PATIENT INFORMATION (Complete or include demographic sheet)

Patient Name		Address		City, State, ZIP	
Preferred Contact Methods	Phone (to primary # provided below)	Text (to cell # provided below)	Email (to email provided below)		
Note: Carrier charges may apply. If unable to contact via text or email, Specialty Pharmacy will attempt to contact by phone.					
Primary Phone	Alternate Phone	Date of Birth	Gender	Male	Female
Email	Last Four of SSN	Primary Language			

2 PRESCRIBER INFORMATION

Prescriber's Name		State License Number	
NPI Number	DEA Number	Group or Hospital	
Address		City, State, ZIP	
Phone	Fax	Contact Person	Contact's Phone

3 INSURANCE INFORMATION Please fax copy of prescription and insurance cards with this form, if available (front and back)

4 DIAGNOSIS AND CLINICAL INFORMATION

Needs by Date	Ship to	Patient	Office	Other
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Diagnosis (ICD-10):

M81.0 Age related osteoporosis without current pathological fracture	M81.8 Other osteoporosis without current pathological fracture
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Other Code: Description

Patient Clinical Information

Allergies	Height	in/cm	Weight	lb/kg
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MEDICATION	STRENGTH	DOSE & DIRECTIONS	QUANTITY/REFILLS
Forteo®	600 mcg/2.4 mL	Inject 20 mcg (0.08 mL) subcutaneously once daily.	Quantity: 1 device (28-day supply) 3 devices (84-day supply) Refills:
Forteo	31G Pen Needles: 5 mm 6 mm 8 mm	Use with Forteo delivery device as directed.	Quantity: 28-day supply 84-day supply Refills:
Prolia®	60 mg	Inject 60 mg subcutaneously every 6 months.	Quantity: Refills:
Reclast®	5 mg	Infuse 5 mg IV once a year over no less than 15 minutes. Infuse 5 mg IV once every 2 years over no less than 15 minutes.	Quantity: 1 vial Refills:
Evenity®	105 mg/1.17mL	Inject 2 pens (210 mg) subcutaneously once a month	Quantity: 2 Pens (30-day supply) 6 Pens (90-day supply) Refills:

Patient is interested in patient support programs

STAMP SIGNATURE NOT ALLOWED

Ancillary supplies and kits provided as needed for administration

6 PHYSICIAN SIGNATURE REQUIRED

PRODUCT SUBSTITUTION PERMITTED	(Date)	DISPENSE AS WRITTEN	(Date)
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