Specialty Pharmacy With A Personal Touch

Osteoporosis Referral Form

Please fax to
855.273.3925

2001 Campbell Station Pkwy STE A5
Spring Hill, TN 37174
p 855.273.3924

Patient Information

Date:____________________ Patient SS#:______ _ ☐Male ☐Female
Patient's First Name:______________________________ Patient's Last Name:______________________________
Address:______________________________ City:__________________ State:________ Zip:__________
Best Phone Number:______________________________ Alternate Phone Number:______________________________
DOB:______________________ Weight:______________ kgs or lbs (circle one) Recorded Date:______________
Caregiver:____________________ Allergies:____

INSURANCE INFORMATION: PLEASE FAX COPY OF INSURANCE CARD (FRONT & BACK)

Clinical Information

DIAGNOSIS:
- ☐ 733.00 Osteoporosis, Unspecified
- ☐ 733.01 Senile Osteoporosis
- ☐ 733.02 Idiopathic Osteoporosis
- ☐ 733.03 Disuse Osteoporosis
- ☐ 733.09 Other Osteoporosis
- ☐ V58.65 Long-term (current) use of Steroids
- ☐ Other: ____________________

Prior (FAILED) Therapy:

Therapy	Date(s)
☐ **Fosamax**	
☐ **Actonel**	
☐ **Forteo**	
☐ **Prolia**	
☐ **Reclast**	
☐ **Boniva**	
☐ **Other (please list):**____________________	

Date of Diagnosis:__________________ BMD/T-Score:__________________ Is patient new to therapy? ☐ Yes ☐ No
History of osteoporotic fracture? ☐ Yes ☐ No
If no, is patient at high risk? ☐ Yes ☐ No
If yes, date of fracture:__________________________ Location of fracture:________________________________

Prescription

MEDICATION	STRENGTH	DIRECTIONS	QUANTITY	REFILL
☐ Forteo®	☐ 600 mcg/2.4 mL Pen	☐ Inject 1 dose (20 mcg) subcutaneously once daily. Discard device 28 days after first use.	☐1 pen *(4-week supply)* ☐3 pens *(12-week supply)*	______
☐ BD® Mini Pen Needles	☐ 31G x 3/16”	☐ Use with Forteo® pen once daily as directed	☐ #90 Pen Needles ☐ #30 Pen Needles	______
☐ Prolia®	☐ 60 mg/1 mL PFS	☐ Inject the contents of 1 syringe (60 mg) subcutaneously every 6 months	1 Prefilled Syringe	______
☐ Tymlos®	☐ 80 mcg/Pen	☐ Inject 80 mcg subcutaneously into abdomen once daily	1 Pen	______
☐ Pen Needles	☐ 8 mm 31G	☐ Use with Tymlos® pen once daily as directed	☐ #90 Pen Needles ☐ #30 Pen Needles	______

Forteo® Injection Training

- ☐ Patient has received pen and injection training
- ☐ Physician's office to provide injection training
- ☐ Pharmacy to coordinate injection training

Prescriber Information

Date Shipment Needed:________________ Ship to: ________Patient _______Physician/Clinic
Ship to Other:____
Physician's Name (please print): ______________________________ Contact Name: ________________
Phone #: ____________________ Fax #: ____________________ NPI #: ____________________
Office Address: ____________________________ City: ________________State: ________ Zip: ________

I authorize EntrustRx Specialty Pharmacy and its representatives to act as an agent to initiate and execute the insurance prior authorization process.

Physician's Signature:____Date:____________________

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