

Osteoporosis Referral Form

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PATIENT INFORMATION					
Patient Name:		DOB:		Gender: □ M □ F	
Address:	City:		State:	ZIP:	
Phone:	Email:		Ht:	Wt:	
Please Attach: ☐ Insurance	cards 🗆 History & I	Physical 🗆 M	ost recent labs	☐ Medication list	
□ NKDA □ Allergies:					
PRESCRIBER INFORMATION					
Ordering Provider Name:					
Provider NPI:		Phone: Fax:		Fax:	
Practice Address:		City:	State	: ZIP:	
REQUIRED INFORMATION FO	R EITHER PROLIA, EVEN	IITY AND RECLAST			
Documentation:		Tried and Failed Medications:			
☐ Recent clinical office visit notes	S		☐ Fosamax ☐ Evista ☐ Boniva		
☐ DEXA Report (within 2 years)		☐ Actonel	☐ Reclast ☐ Contra	indications to above:	
☐ CMP- Calcium level lab results	s (within 6 months)				
MEDICATION ORDERS					
ICD-10 Diagnosis Codes:					
□ Evenity (romosozumab) ☑ M □ Reclast (zoledronic acid) ☑ N □ Prolia (denosumab) ☑ M81.0 □ New to Therapy □ Conti	//81.0 □ M81.8 □ Other _				
Dosing/Frequency: □ Evenity (romosozumab) 210m □ Reclast (zoledronic acid) 5mg □ Prolia* (denosumab) 60mg/m *Please note: Insurance plans m □ Other: □ Refills:	ng (two 105mg prefilled sy /100ml IV infusion over at I subcutaneous injection e nay require substitution wit	ringes) subcutaneou Lleast 15 minutes ou every 6 months	us once a month for 1 nce annually. Most re	2 doses	
Sage Infusion Standing Orders	:				
✓ Provide treatment under Sage Action Plan for Infusion React	e Infusion's Clinical Guide	lines, Medication Sa	nfety Protocol, Emerg	ency Guidelines, and	
Provider Name	Provider Signature		Date		
Fax Number					
☐ Brandon: (656) 218-9643 ☐ Clearwater: (727) 977-9717 ☐ Fort Myers: (239) 533-5962 ☐ Gainesville: (353) 450-8888 ☐ Lakeland: (863) 777-2528	☐ Ocala: (352) 565-52: ☐ Orlando: (407) 792- ☐ Sarasota: (941) 413- ☐ St. Petersburg: (727 ☐ Tampa: (813) 775-9	6558 3280) 977-8836	☐ The Villages Spani	Sumter: (352) 810-3536 ish Springs: (352) 565-5553 nwood: (352) 450-3080 0779	