



# CEDRA

# OSTEOPOROSIS

## REFERRAL FORM

**FAX: 888 889 7129**

TOLL FREE: 844 233 7279

CEDRASPECIALTY.COM

### PATIENT INFORMATION

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_  
 SSN#: \_\_\_\_\_ Language: English Other \_\_\_\_\_  
 Address: \_\_\_\_\_ Sex: Male Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs kg  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Known Allergies: \_\_\_\_\_

**\* PLEASE FAX FRONT/BACK COPY OF PHARMACY BENEFIT CARD, MEDICAL INSURANCE CARD, NOTES, LABS & TESTS WITH THE PRESCRIPTION TO EXPEDITE PROCESSING \***

### PRESCRIBER INFORMATION

Prescriber Name: \_\_\_\_\_ DEA#: \_\_\_\_\_ NPI#: \_\_\_\_\_ Tax ID#: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Key Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 STATUS UPDATE PREFERENCE: Phone Text Fax E-mail: \_\_\_\_\_

### DIAGNOSIS/CLINICAL INFORMATION

Diagnosis  
 M88.9 Paget's Disease    M80.80 Unspecified Osteoporosis    M81.0 Postmenopausal/Senile Osteoporosis    M81.8 Drug-induced Osteoporosis  
 M80.88 Pathological Fracture of Vertebrae    M80.85 Pathological Fracture of Neck of Femur    M89.9 Unspecified disorder of bones    M94.9 of cartilage

Date of Diagnosis: \_\_\_\_\_  
 Patient Evaluation - General  
 Treatment History: New to this Medicine    Continued Treatment  
 NOTE: If continuing on FORTEO®, what is start date of treatment? \_\_\_\_\_ (FORTEO® can be taken for a maximum of 24 months)  
 Allergies: None Latex Other (please specify) \_\_\_\_\_  
 Concomitant Medications: \_\_\_\_\_  
 Patient Evaluation - Osteoporosis  
 Lowest DEXA T-Score: \_\_\_\_\_ Date of DEXA: \_\_\_\_\_  
 Fracture Site (if approp): \_\_\_\_\_ Date of fracture: \_\_\_\_\_  
 Prior Failed Medication(s) \_\_\_\_\_ Length of Treatment \_\_\_\_\_ Reasons for Discontinuation \_\_\_\_\_

### PRESCRIPTION INFORMATION

MEDICATION	DOSE/STRENGTH	SIG	QTY.	REFILLS
ACTONEL®	mg tablets			
BONIVA®	Prefilled Syringe (3mg/3ml) 150 mg tablet	Inject 3mg IV over 15-30 seconds every 3 months 1 tablet once monthly, taken at the same date each month	1 Syringe (3mg/3ml)	
FORTEO®	Pen (600ug/2.4ml) Delivery Device Complimentary Needles 4mm 32G 5mm 31G 8mm 31G	Inject 20mcg (0.08ml) SQ daily (FORTEO® can be taken for a maximum of 24 months)  Use with FORTEO® Delivery Device as directed	1 Pen (600ug/2.4ml)  30	
FOSAMAX®	35 mg tablets 70 mg tablets	1 tablet once weekly		
PROLIA®	Prefilled Syringe (60mg/ml)	Inject 60mg SQ once every 6 months	1 Pen (60mg/ml)	
TYMLOS™	Prefilled Pen 3120 mcg/1.56 mL (2000 mcg/mL)	Recommended dose is 80 mcg subcutaneously once daily; patients should receive supplemental calcium and vitamin D if dietary intake is inadequate. Administer as a subcutaneous injection into periumbilical region of abdomen. Administer initially where the patient can sit or lie down in case symptoms of orthostatic hypotension occur.	1 Syringe (3mg/3ml)	
ZOLEDRONIC ACID	Vial (5mg/100ml)	Infuse 5mg IV, over no less than 15 minutes, every year Infuse 5mg IV, over no less than 15 minutes, every 2 years	1 Vial (5mg/100ml)	

COMMENTS:

### INJECTION TRAINING

Patient has received pen and injection training    Enroll patient in manufacturer-sponsored training program  
 Date Medication Needed: \_\_\_\_\_ Deliver To: Patient Home MD Office  
 Prescriber Signature: (Please sign and date below)  
 Your signature authorizes Cedra Pharmacy to act on your behalf to obtain prior authorization for the prescribed medications. We will also pursue available copay and financial assistance on behalf of your patients.  
 Substitution Permissible \_\_\_\_\_ Date \_\_\_\_\_ Dispense as written "DAW" \_\_\_\_\_ Date \_\_\_\_\_

IMPORTANT NOTICE: This fax is intended to be delivered only to the named addressee and contains confidential information that may be protected health information under federal and state laws. If you are not the intended recipient, do not disseminate, distribute, or copy this fax. Please notify the sender immediately if you have received this document in error and then destroy this document immediately. 374\_OsteoRef100-03NY-B

