



PATIENT INFORMATION

Demographics attached

Patient Name: _____ DOB: _____ Phone: _____

INSURANCE INFORMATION: PLEASE ATTACH COPY OF PRESCRIPTION /MEDICAL CARD(S), FRONT AND BACK

MEDICAL INFORMATION

Diagnosis: Senile Osteoporosis _____ Paget's disease of bone _____
 Glucocorticoid-induced osteoporosis _____

Patient Weight: _____ lbs. Allergies _____

- Clinical/Progress Notes, Labs, Tests supporting primary diagnosis attached
- DEXA Scan (-2.5 T score or more severe) ***if no -2.5 T score, please send history of fracture documentation*
- Labs: Prolia - Calcium within 6 months, CrCl if CKD;ZA - CMP/BMP within 60 days, Evenity - Calcium within 6 months

Labs: Required labs to be drawn by: Infusion Clinic Referring Physician

Lab Orders: _____

Tried & Failed Medications

- Fosamax: Duration: _____ Reason for Discontinuing: _____
- Boniva: Duration: _____ Reason for Discontinuing: _____
- Actonel: Duration: _____ Reason for Discontinuing: _____
- Evista: Duration: _____ Reason for Discontinuing: _____
- Prolia: Duration: _____ Reason for Discontinuing: _____

ZOLEDRONIC ACID

J Code: J3489 Patient Wt. _____ lbs.
 *Patient is currently taking calcium/vitamin D supplementation YES NO Other
 Zoledronic Acid 5mg/100mL IV once yearly

PROLIA SUB Q

J Code: J0897 Patient Wt. _____ lbs.
 *Patient is currently taking calcium/vitamin D supplementation YES NO Other
 Prolia 60mg subcutaneous injection every 6 months *Date of last Prolia injection: _____

EVENITY SUB Q

J Code: J3111 Patient Wt. _____ lbs.
 *Patient is currently taking calcium/vitamin D supplementation YES NO Other
 Evenity 210mg subcutaneous injection once monthly

PHYSICIAN INFORMATION

By signing this form and utilizing our services, you are authorizing Paragon Healthcare, Inc. and its employees to serve as your prior authorization and specialty pharmacy designated agent in dealing with medical and prescription insurance companies.

Physician Signature: _____ Date: _____

Physician Name: _____

Phone: _____ Fax: _____ Contact Person: _____

INFUSION CENTER LOCATIONS

Phone: 877-365-5566
Fax: 855-889-2946

Texas

- Arlington Austin Dallas Houston North Hills
- Plano Round Rock San Antonio Stone Oak

Tennessee

- Knoxville

Georgia

- Atlanta