



OSTEOPOROSIS ORDER FORM

PATIENT INFORMATION

Demographics attached

Patient Name: _____ DOB: _____ Phone: _____

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

MEDICAL INFORMATION

J Code: 2051 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, Boniva - CMP/BMP within 60 days, Vit D within a year

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: _____

ZOLEDRONIC ACID

Q Code: 2051

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: _____

BONIVA IVP

J Code: J1740

Patient Wt. _____ lbs.

*Patient is currently taking calcium/vitamin D supplementation YES NO Other

Boniva 3mg IVP every 3 months

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 LOCATION

Arlington Austin Dallas Houston Knoxville North Hills Plano Round Rock San Antonio Stone Oak
P: 817.200.2530 P: 512.261.4800 P: 972.408.2777 P: 713.860.1755 P: 865-299-7525 P: 817.284.2700 P: 469-974-0565 P: 737-443-5230 P: 210.366.4358 P: 210.485.3700
F: 817.509.0011 F: 512.261.4803 F: 469.913.6894 F: 713.277.7219 F: 865-338-5604 F: 817.284.2701 F: 469-608-2072 F: 737-402-7698 F: 210.366.4896 F: 210.390.1738

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