

Osteoporosis Enrollment Form

3502 U.S. Highway 9. Howell. N.J. 07731 | www.parkwaysp.com | Email: intake@parkwaysp.com | Phone: 1-866-355-7797 | Fax: 1-888-551-6289

PATIENT INFORMATION			
Name:	Date of Birth:	<input type="radio"/> Male <input type="radio"/> Female	
Address:	City:	State:	Zip:
Phone:	Alt Phone:	Email:	
SS #:	Primary Language:	Emergency Contact:	

PRESCRIBER INFORMATION			
Prescribing Practitioner:	NPI#:		
Supervising Physician:	NPI#:		
Address:	City:	State:	Zip:
Phone:	Fax:	Office Contact:	

PRESCRIPTION INFORMATION				
Needs by Date:	Dose	Directions	Quantity	Refills
Boniva®	<input type="radio"/> Pre-filled Syringe	<input type="radio"/> Inject 3mg IV over 15-30 seconds every 3 months	3mg/3ml (1 syringe)	
Evenity	<input type="radio"/> Pre-filled Syringe	<input type="radio"/> Administer 210mg SQ once every month for 12 doses in the abdomen, thigh, or upper arm	105mg/ 1.17ml (2 syringe)	
Forteo®	<input type="radio"/> Pen	<input type="radio"/> Inject 20mcg SQ daily	600mcg/ 2.4ml (1 pen)	
Prolia®	<input type="radio"/> Pre-filled Syringe	<input type="radio"/> Pen needles Size: <input type="radio"/> 5mm <input type="radio"/> 6mm. Use with Forteo daily as directed <input type="radio"/> Inject 60mg SQ once every 6 months	30 days supply 60mg/ml (1 syringe)	
Reclast® (Zoledronic Acid)	<input type="radio"/> Vial	<input type="radio"/> Infuse 5mg IV, over no less than 15 minutes, every year <input type="radio"/> Infuse 5mg IV, over no less than 15 minutes, every two years	1 vial	

MEDICAL INFORMATION		
** PLEASE FAX COPY OF PRESCRIPTION MEDICATION/MEDICAL CARD, FRONT AND BACK, AS WELL AS ANY CLINICAL NOTES REGARDING THERAPY **		
Prior Failed Medication(s):	Length of Treatment	Reason for Discontinuing
Actonel	___/___/___ - ___/___/___	
Boniva	___/___/___ - ___/___/___	
Fosamax	___/___/___ - ___/___/___	
Prolia	___/___/___ - ___/___/___	
Reclast	___/___/___ - ___/___/___	
Other		

Patient has not tried or failed any prior medication(s).

Diagnosis Date: ___/___/___

<input type="radio"/> M80.0 Age Related Osteoporosis with Fracture	Lowest DEXA T-score: _____ Site: _____ Date: ___/___/___
<input type="radio"/> M80.8 Other Osteoporosis with Fracture	
<input type="radio"/> M81.0 Age Related Osteoporosis without Fracture (Senile/Postmenopausal)	Fracture Site(s): _____ Date: ___/___/___
<input type="radio"/> M81.6 Localized Osteoporosis	
<input type="radio"/> M81.8 Other Osteoporosis without Fracture	Does the patient have >1 risk factor for fracture? <input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/> M85.9 Disorder of Bone Density and Structure, Unspecified (Osteopenia)	If Yes, please explain: _____
<input type="radio"/> M89.9 Disorders of Bone, Unspecified	Will the patient be adequately supplemented with Calcium and Vitamin D?
<input type="radio"/> M84.48XA to M84.40XA Pathological Fracture, Unspecified Site	<input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/> Other:	Allergies:

Patient Height: _____ in/cm Weight: _____ kg/lbs

INJECTION TRAINING		
<input type="radio"/> Patient has received pen and injection training	<input type="radio"/> Physician's office to provide injection training	<input type="radio"/> Parkway Pharmacy to coordinate injection training

PRESCRIBING PRACTITIONER SIGNATURE

To Prescribing Practitioner: By signing this form and utilizing our services, you are also authorizing Parkway Pharmacy to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies, and co-pay assistance foundations.

Prescribing Practitioner: _____ Date: _____

CONFIDENTIALITY NOTICE

IMPORTANT: This fax is intended to be delivered only to the named addressee. It contains material that is confidential, proprietary or exempt from disclosure under applicable law. If you are not the named addressee, you should 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.

Faxed Prescriptions will only be accepted from a prescribing practitioner.