

# Osteoporosis (Reclast)

Provider Order Form rev. 1/20/2022



CALIFORNIA

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## PATIENT INFORMATION

Patient Name:

DOB:

NKDA Allergies:

Weight lbs/kg:

**Patient Status:**  New to Therapy  Continuing Therapy Next Due Date (if applicable):

## PROVIDER INFORMATION

Referral Coordinator Name:

Referral Coordinator Email:

Ordering Provider:

Provider NPI:

Referring Practice Name:

Phone:

Fax:

Practice Address:

City:

State:

Zip Code:

## ICD-10 CODE

- M81.0 - Age-related osteoporosis w/o current pathological fracture
- Other \_\_\_\_\_

## MEDICATION ORDER

### Reclast

- 5 mg/100 mL vial
- Infuse 5 mg intravenously over no less than 15 minutes once annually

## SPECIAL INSTRUCTIONS

Provider Name (Print)

Provider Signature

Date

## REQUIRED DOCUMENTATION

- Recent Office notes (along with any therapies tried and outcomes)
- Lab Results
- Insurance Cards (front and back)
- Current Medication
- Demographic Sheet
- History and Physical Report

## ATTACH REQUIRED LAB RESULTS (FOR NEW REFERRALS ONLY)

- Comprehensive Metabolic Panel, CBC with differential w/in past 6 months