

PATIENT INFORMATION

Date Shipment Needed: _____ Ship To: Patient Physician

Patient Name: _____ Date: _____ SS#: _____
Optional Information To Help Find Coverage
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: (____) _____ - _____ Alt. Phone: (____) _____ - _____ DOB: _____
 Sex: M F Height: _____ Weight: _____ May Pharmacy Contact Patient Directly: Y N
 Dr. Office Shipping Address: _____
 Insurance Cardholder Name: _____
 Rx Insurance: _____ ID #: _____ Group #: _____ RXBIN: _____
 Medical Insurance: _____ ID #: _____ Group #: _____ Phone: _____

MEDICAL ASSESSMENT

DIAGNOSIS DATE: _____

733.01 Postmenopausal/Senile Osteoporosis 733.13 Pathological Fracture of Vertebrae
 733.09 Drug Induced Osteoporosis 733.14 Pathological Fracture of Neck or Femur
 733.90 Other Disorder of Bone and Cartilage 995.29 Unspecified adverse effect of other drug, medicinal and biological substance
 Other: _____

Current Medications:

Forteo T-Score: _____ Site: _____ Date: _____ Fracture History Site: _____ Date: _____ Allergies: _____
 Enroll into Forteo Connect Ongoing Personalized Support? Yes No Start Date of Therapy _____ Initiation of Therapy Continuation of Therapy
Forteo is not to exceed 2 years of therapy

Prior Failed Medications

Actonel Length of Treatment _____ to _____ Reason for Discontinuing: _____
 Boniva Length of Treatment _____ to _____ Reason for Discontinuing: _____
 Fosamax Length of Treatment _____ to _____ Reason for Discontinuing: _____
 Prolia Length of Treatment _____ to _____ Reason for Discontinuing: _____
 Reclast Length of Treatment _____ to _____ Reason for Discontinuing: _____

BONE HEALTH ANALYSIS

- High risk of fracture due to compromised bone
- Low T-Score
- Bisphosphonates not effective due to high T-Score
- Parental history of hip fracture after the age of 50
- Family history of fracture and osteoporosis
- Bisphosphonate therapy failure
- Contraindicated for bisphosphonate therapy
- Cannot tolerate bisphosphonate therapy
- Estrogen deficiency as a result of menopause
- Estrogen deficiency as a result of hysterectomy
- Low body mass, patient < 127lbs
- X-ray that showed a spinal failure
- X-ray that showed low bone mineral density
- Lost 2 cm (3/4") in height or 6 cm (2 1/2") overall
- Kyphosis (a forward curvature of the back)
- Patient has fallen two or more times in the past year
- Patient has unsteady walk and poor balance
- Patient needs to push with arms to get up from chair
- Patient needs an assistive device (cane, walker, etc.)
- Anorexia Nervosa
- Vitamin D deficient
- Calcium deficient
- Medication induced Osteoporosis
- Degenerative Disc Disease
- Scoliosis
- Thyroid Condition
- Rheumatoid Arthritis
- Excessive alcohol consumption (3+ drinks/day)
- Gastric Bypass
- Smoker
- High caffeine intake
- Diabetes
- Low testosterone level (Men)
- Sedentary Lifestyle
- For Younger patients osteoporosis localized, drug induced
- Patient is on Forteo, continuation of therapy is recommended, no side effects have occurred and the medication is working

PRESCRIPTION

MEDICATION	DIRECTIONS	QUANTITY	REFILLS
Forteo <input type="checkbox"/> Pen & Supplies	<input type="checkbox"/> Inject 20 mcg SQ Daily	600mcg/2.4mL (1 pen)	

INJECTION TRAINING Patient has received pen & injection training Physician's office to provide injection training Carepoint Pharmacy to coordinate injection training

PRESCRIBING PHYSICIAN

Please include a copy of the patients RX insurance card and clinic notes (if available)

Physician Name: _____ Phone: _____ Fax: _____
 Clinic: _____ Office Contact: _____ NPI #: _____ DEA #: _____
 Address: _____

Physician Signature _____ Date _____

Pharmacy can only accept original prescription drug orders from patients. Faxed referrals/prescriptions are accepted from physicians office only
 By Signing this form and utilizing our services, you are authorizing Carepoint and it's employees to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies.