



# SQ Evenity (bisphosphonate)

INFUSION THERAPY CENTERS

New Referral     Restart     Medication Order Change

## PATIENT INFORMATION

Name \_\_\_\_\_  
Date \_\_\_\_\_  
DOB \_\_\_\_\_  
SS# \_\_\_\_\_  
Phone # \_\_\_\_\_  
Email \_\_\_\_\_

## PHYSICIAN INFORMATION

Referring Physician \_\_\_\_\_  
Practice Address \_\_\_\_\_  
Office Contact Name \_\_\_\_\_  
Contact Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
NPI / TIN \_\_\_\_\_

## MEDICATION ORDERS

Dosing:  210mg every 4 weeks      Has the patient had any fractures?     Yes     No

Patient is currently taking Calcium/Vitamin D Supplement?     Yes     No

Indication / Diagnosis:

- M81.0 Age-related osteoporosis without current pathological fracture
- M81.8 Other osteoporosis without current pathological fracture
- Other (*please specify in additional information*)

ICD-10 (Required) \_\_\_\_\_

MD Signature \_\_\_\_\_ Date \_\_\_\_\_

Additional Information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## REQUIRED DOCUMENTATION

Please send the following documents and records. This will help streamline the pre-authorization process.

- Patient demographic information sheet
- Copy of insurance card(s) front and back
- Copy of most recent office and consult notes (must include discussion of prescribed drug)
- If this is a continuation of a treatment, include the last infusion note
- Current medication list

Most recent diagnostics results to include:

- Comprehensive metabolic panel
- Vit D
- DEXA (within 2 years)
- Calcium
- Creatinine

*We will contact the patient and schedule their infusion appointment once we have the insurance pre-authorization completed.*

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