

Osteoporosis

2301 Evesham Road - Building 800, Suite 115
Voorhees, New Jersey 08043
T. (856) 424-5005 ext 1181
F.(609)751-9799 attn: Idyllic Infusion Coordinator

MEDICATION REQUESTED	
DATE:	
NAME OF DRUG BEING REQUESTED: Please circle one: Boniva, Evenity, Prolia (IDYLLIC will be responsible for providing requested drug)	
REFERRING PROVIDER INFORMATION	
Requesting Provider	Name: NPI: Tax ID#
Phone Number	
Fax Number	
Practice Contact (Name/Extension)	Phone Number: _____ Ext: _____
Contact Email	
<p><i>We will gladly remind your patient to schedule routine follow-up visits with your office.</i></p> <p>Return to Referring Provider (frequency): EVERY _____ WKS / MOS</p>	
PATIENT INFORMATION	
Patient Name	
Insurance(s) Include copy of scanned card(s)	
Date of Birth	____ / ____ / ____
Select Treatment Location	<input checked="" type="checkbox"/> Voorhees <input checked="" type="checkbox"/> Moorestown <input checked="" type="checkbox"/> Wall/Manasquan <input checked="" type="checkbox"/> Sewell <input checked="" type="checkbox"/> Hamilton <input checked="" type="checkbox"/> Galloway

**SECOND
PAGE MUST BE COMPLETED**

PLEASE BE SURE TO SEND ALL REQUIRED INFORMATION LISTED BELOW

Patient's Name (Last, First) _____

DOCUMENTATION REQUIRED:

- Primary Diagnosis code.
 - M80.0 Age-related Osteoporosis w/ fx at _____
 - M80.0 requires the complete ICD-10 code with 3 digits and a letter after the decimal
 - M81.0 Age-related osteoporosis w/o fx _____
 - M81.8 Other osteoporosis w/o fx _____
 - Other _____
- Please attach a prescription to include standard information as well as any specific instructions
** NOTE ** Please do **NOT** provide a prescription to the patient as they may become confused and attempt to fill at their local/specialty pharmacy.
- Copy of the most recent chart note, scans, tests and laboratory results.
- If female, does the patient have a BMD T-score ≤ -2.5 ? _____
- Osteopenia with T-score between -1 and 02.5 ? _____
- Has the patient had a low-trauma spine or hip fracture? _____
- Has a patient failed a trial on, or is intolerant to, bisphosphonate and/or other osteoporosis therapy? _____
- Is the patient at high risk for fracture? _____ If yes, provide supporting documentation.
- Please provide most recent calcium levels
- Is the patient planning to concomitantly take parathyroid hormone analogs, RANK ligand inhibitors, or bisphosphonates? _____
- Will the patient be taking a daily supplement of at least 1000 mg calcium and at least 400 IU Vitamin D? _____
- Please list any premedications required _____
- Is this patient ambulatory YES / NO
 - Is a Wheelchair required YES / NO

- Please notify your patient that our office will contact them when we are ready to schedule. They do NOT need to call our office to set up an appointment.**

**PLEASE NOTE: OUR OFFICE PROVIDE & DISPENSE ALL REQUIRED MEDICATIONS
ARBDA/IDYLLIC NPI: 1427622661 TAX ID: 85-1604336**

Please contact our office if medication will be discontinued.



<i>Voorhees</i>	<i>2301 Evesham Rd. Suite 115 Voorhees, NJ 08043</i>
<i>Moorestown</i>	<i>740 Marne HWY, Suite 102 Moorestown, NJ 08057</i>
<i>Washington Twp</i>	<i>354 Hurffville - Cross Keys Road -- Suite 100 -- Sewell, NJ 08080</i>
<i>Hamilton</i>	<i>3635 Quakerbridge Road - Suite 33, Hamilton, NJ 08619</i>
<i>Galloway</i>	<i>314 Chris Gaupp Dr. STE 103 Galloway, NJ 08205</i>
<i>Wall</i>	<i>2640 Route 70, BLDG 11 Wall, NJ 08736</i>