Arthritis, Rheumatic, & Bone Disease Associates
An Affiliate of Trabecular Medical Group

IDYLLIC
infusion treatment center

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	
We will gladly remind your patient to schedule routine follow-up visits with your office. **Return to Referring Provider (frequency): EVERY _____ WKS / MOS**	
PATIENT INFORMATION	
Patient Name	
Insurance(s) **Include copy of scanned card(s)**	
Date of Birth	/ /
Select Treatment Location	☒ Voorhees ☒ Moorestown ☒ Wall/Manasquan ☒ Sewell ☒ Hamilton ☒ Galloway

Arthritis, Rheumatic, & Bone Disease Associates
An Affiliate of Trabecular Medical Group

IDYLLIC
infusion treatment center

⚪***Patient is being referred to Idyllic/ ARBDA provider for treatment of Osteoporosis. This includes treatment plan, medication management, monitoring and/or ordering of all labs and imaging.***

⚪***Patient is being referred to ARBDA/Idyllic for administration of requested medications only. The ordering provider, listed above, will be in charge of the treatment plan including medication management, monitoring and/ordering of all labs and imaging.***

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

Arthritis, Rheumatic, & Bone Disease Associates
An Affiliate of Trabecular Medical Group

IDYLLIC
infusion treatment center

- ❑ **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

Patient being referred to Idyllic/ ARBDA for treatment plan of Osteoporosis. This includes medication management, monitoring and/or ordering of all labs and imaging.

Patient is being referred to ARBDA/Idyllic for administration of requested medications only. The ordering provider, listed on this form, will be in charge of the treatment plan including medication management, monitoring and/ordering of all labs and imaging.