

FAX FORM TO: 1.866.233.8317

PHONE: 1.855.492.0817

EMAIL: contact@bluegrass-rx.com

Complete the following or include demographic sheet.

1. PATIENT INFORMATION		2. PRESCRIBER INFORMATION	
Name:		Name:	
Address:		DEA #:	NPI #: State Lic. #:
City, State, ZIP:		Group or Hospital:	
Primary Phone: - -	DOB: / /	Address:	
Alternate Phone: - -	Gender:	City, State, Zip:	
Email:		Phone: - -	Fax: - -
Primary Language:	Last Four of SSN:	Contact Person: Phone: - -	

3. INSURANCE INFORMATION			
Primary Insurance Company Name:		Secondary Insurance Company Name:	
Primary Cardholder Name:		Secondary Cardholder Name:	
Relationship: <input type="radio"/> Self <input type="radio"/> Spouse/Partner <input type="radio"/> Child/Dependent		Relationship: <input type="radio"/> Self <input type="radio"/> Spouse/Partner <input type="radio"/> Child/Dependent	
Phone: - -	Member ID:	Group #:	Phone: - - Member ID: Group #:

Fax copy of prescription and insurance cards with this form, if available (front and back)

4. DIAGNOSIS AND CLINICAL INFORMATION	
Needs by Date: / /	Ship to: <input type="radio"/> Patient <input type="radio"/> Office <input type="radio"/> Other:
Date of Diagnosis: / /	Does the patient have a history of osteoporotic fracture? <input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/> M81.0 Age-related osteoporosis w/o fracture <input type="radio"/> M80.0 Age-related osteoporosis w/ fracture <input type="radio"/> M81.8 Other osteoporosis w/o fracture <input type="radio"/> M80.8 Other osteoporosis w/ fracture <input type="radio"/> Other:	Has patient failed or is unable to tolerate other previous osteoporosis therapy? <input type="radio"/> Yes <input type="radio"/> No If yes, please explain:
	Does the patient have more than one risk factor for fracture? <input type="radio"/> Yes <input type="radio"/> No If yes, please explain:
	Will the patient be taking Forteo in combination with a bisphosphonate? <input type="radio"/> Yes <input type="radio"/> No
Height (in/cm): Weight (lb/kg):	Has the patient received Forteo in the past? <input type="radio"/> Yes <input type="radio"/> No If yes, have they received more than 24 months total therapy with Forteo? <input type="radio"/> Yes <input type="radio"/> No
Allergies:	Does the patient have any of the following contraindications to Forteo use:
Current Medications:	<input type="radio"/> Paget's disease of the bone <input type="radio"/> Bone metastases <input type="radio"/> History of skeletal malignancy <input type="radio"/> Prior radiation therapy involving the skeleton <input type="radio"/> Pre-existing hypercalcemia <input type="radio"/> Open epiphyses <input type="radio"/> Metabolic bone disease other than osteoporosis <input type="radio"/> Unexplained elevation of alkaline phosphatase

5. PRESCRIPTION INFORMATION				
Medication	Dose/Strength	Directions	Quantity	Refills
<input type="radio"/> Boniva	3 mg/3 ml prefilled syringe	<input type="radio"/> Inject contents of one syringe (3mg) via IV once every 3 months <input type="radio"/> Other:	<input type="radio"/> 1 syringe (3-month supply) <input type="radio"/> Other:	
<input type="radio"/> Forteo	600 mcg/2.4 ml delivery device	Inject 20 mcg (0.08 ml) SQ once daily.	<input type="radio"/> 1 device (4-week supply) <input type="radio"/> 3 devices (12-week supply)	
<input type="radio"/> Needles - 31 gauge <input type="radio"/> 5 mm <input type="radio"/> 6 mm <input type="radio"/> 8 mm		Use with Forteo delivery device as directed.	<input type="radio"/> 4-week supply <input type="radio"/> 12-week supply	
<input type="radio"/> Prolia	60 mg/1 ml prefilled syringe	<input type="radio"/> Inject 60 mg subcutaneously every 6 months. <input type="radio"/> Other:		
<input type="radio"/> Reclast	5mg/100ml vial	Infuse 5mg IV once a year	1 vial	
<input type="radio"/>				

Ancillary supplies and kits will be provided as needed for administration.

6. PRESCRIBER SIGNATURE	
X	X
DISPENSE AS WRITTEN	PRODUCT SUBSTITUTION PERMITTED
/ /	/ /
DATE	DATE

IMPORTANT NOTICE: This facsimile transmission is intended to be delivered only to the named addressee and may contain material that is confidential, privileged, proprietary or exempt from disclosure under applicable law. If it is received by anyone other than the named addressee, the recipient should immediately notify the sender at the address or telephone number set forth herein and obtain instructions as to disposal of the transmitted material. In no event should such material be read or retained by anyone other than the named addressee, except by express authority of the sender to the named addressee.