

IBANDRONATE SODIUM IV ORDER FORM

REFERRAL TYPE

- New Referral
 Order Renewal
 Restart
 Frequency Change
 Dosage Change

PREFERRED LOCATION

- | | | |
|--|--|---|
| <input type="checkbox"/> 2730 University Blvd. West Suite 714 Wheaton, MD 20902 | <input type="checkbox"/> 14995 Shady Grove Road Suite 250 Rockville, MD 20850 | <input type="checkbox"/> 5454 Wisconsin Avenue Suite 600 Chevy Chase, MD 20815 |
| <input type="checkbox"/> 18111 Prince Philip Drive Suite 323 Olney, MD 20832 | <input type="checkbox"/> 71 Thomas Johnson Drive Frederick, MD 21702 | <input type="checkbox"/> 2021 K Street, NW Suite 300 Washington, DC 20006 |

PATIENT INFORMATION

| | | |
|----------|--|--------|
| Name: | DOB: | Email: |
| Address: | Weight: KG LBS | Phone: |

REFERRING PHYSICIAN INFORMATION

| | | |
|----------------------|--------|------|
| Name: | NPI: | |
| Office Contact Name: | Phone: | Fax: |
| Address: | | |

IBANDRONATE SODIUM IV ORDERS

Dosing/Frequency:
 3mg IV every 3 months

Diagnosis:

M81.0—Age-related osteoporosis w/o current pathological fracture
 M81.8—Other osteoporosis w/o current pathological fracture
 M85.89—Other specified disorders of bone density and structure, multiple sites

Other Diagnosis: _____ ICD-10 Code (Required): _____

Special Instructions:

Physicians Signature: _____ Date: _____ *(Order is Valid for One Year)*

REQUIRED DOCUMENTATION

- Please fax the following documents and records:**
- Patient Demographics
 - Two most recent office notes (Supporting the DX and treatment ordered)
 - Most recent labs that include values for:
 - Serum Calcium (within 90 days)
 - Creatinine (within 90 days)
 - Copy of the patient's insurance card(s) – front and back
 - Medication History
 - For continuation of treatment, include the last infusion note

We will contact the patient and schedule their treatment once our benefit investigation and any prior authorizations have been completed.