

ZOLEDRONIC ACID 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
	<input type="checkbox"/> 3027 Javier Road Suite 2 Fairfax, VA 22031	

PATIENT INFORMATION

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

REFERRING PHYSICIAN INFORMATION

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

ZOLEDRONIC ACID ORDER

We do not accept off-label diagnoses, dosages, or frequencies.

Dosing/Frequency:

5mg IV every year
 5mg IV every 2 years

Diagnosis:

M80.0—Age-related osteoporosis with current pathological fracture
 M81.0—Age-related osteoporosis without current pathological fracture
 M81.8—Other osteoporosis without current pathological fracture

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:

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| <ul style="list-style-type: none"> • Patient Demographics • Two most recent office notes (Supporting the DX and treatment ordered) • Most recent labs that include values for: <ul style="list-style-type: none"> • 25OH Vitamin D ≥ 20ng/ml (drawn within the last year) • Creatinine clearance ≥ 35ml/min (drawn within the last 12 months) • GFR and Serum or ionized calcium levels (drawn within the last 6 months) | <ul style="list-style-type: none"> • Copy of the patient's insurance card(s) – front and back • Medication History • For continuation of treatment, include the last infusion note • Most Recent DEXA with images • Documentation reflecting failure of two bisphosphonates |
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We will contact the patient and schedule their treatment once our benefit investigation and any prior authorizations have been completed.