DR IKE'S SPECIALTY PHARMACY

Osteoporosis ENROLLMENT FORM

P: 818.578.7400 | F: 888-804-7717 | www.drikesp.com | NPI: 1154712305

1 Prescriber Information

Practice Name: _____ Tax ID: _____

Prescriber Practitioner: _____ NPI: _____

Supervising Physician: _____ NPI: _____

Address: _____ City: _____ State: _____ Zip: _____

Office Contact: _____ Phone: _____ Fax: _____

(Faxed prescriptions will only be accepted from a prescribing practitioner. Patients must bring an original prescription to the pharmacy, and cannot fax these referral forms to Dr. Ike's Specialty Care.)

2 Patient Information

(This prescription form is to be sent and received via fax.)

Name: _____ DOB: _____ SS#: _____ ☐ M ☐ F

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Alt. Phone: _____ ☐ English ☐ Spanish ☐ Other Wt. _____ Ht. _____

3 Prescription

☐ New ☐ Refill SHIP BY: _____ SHIP TO: ☐ PATIENT'S HOME ☐ DOCTOR'S OFFICE ☐ OTHER: _____

DRUG		DIRECTIONS & QUANTITY	REFILLS
Boniva® *(ibandronate)*	☐ 3mg Pre-filled Syringe	☐ Inject 3 mg IV over 15-30 seconds every 3 months *(Quantity: 1)*	
Evenity®	☐ 2 pack Pre-filled Syringe	☐ Inject 210 mg SQ once a month	
Forteo®	☐ 600mcg/2.4mL Pen	☐ Inject 20 mcg SQ daily *(Quantity: 1)* ☐ Pen needles (31G x 3/16"): Use one pen needle with each daily dose of Forteo as directed *(Quantity: 28)*	
Prolia®	☐ 60mg Pre-filled Syringe	☐ Inject 60 mg SQ once every 6 months *(Quantity: 1)*	
Reclast® *(Zoledronic Acid)*	☐ 5mg Vial	☐ Infuse 5 mg IV over no less than 15 minutes every year *(Quantity: 1)* ☐ Infuse 5 mg IV over no less than 15 minutes every two years *(Quantity: 1)*	
Other	_____	_____	

4 Medical Information

(Please fax copy of prescription/medical card, front and back, as well as any clinical notes regarding therapy.)

Previous Therapies:	Tried & Failed (Duration):	Not Tolerated:
☐ Actonel	☐ _____	☐
☐ Boniva	☐ _____	☐
☐ Fosamax	☐ _____	☐
☐ Prolia	☐ _____	☐
☐ Reclast	☐ _____	☐
☐ Other _____	☐ _____	☐

☐ M80.00XA Age-related osteoporosis with current pathological fracture, unspec. site, initial encounter for fracture)

☐ M80.80XA Other osteoporosis with current pathological fracture, unspec. site, initial encounter for fracture

☐ M81.0 Age-related osteoporosis without current pathological fracture

☐ M81.6 Localized Osteoporosis

☐ M81.6 Localized Osteoporosis

☐ M81.8 Other Osteoporosis without current pathological fracture

☐ M85.8 Other specified disorders of bone density and structure, unspec. site *(Osteopenia)*

☐ M84.40XA Pathological fracture, unspec. site, initial encounter for fracture

☐ M84.459A Pathological fracture, hip, unspec., initial encounter for fracture

☐ M8 _____ . _____ _____

☐ Other _____

Date of Diagnosis: _____ **Allergies:** _____

Lowest DEXA T-Score _____ Site _____ Date: _____ Fracture Site(s) _____ Date: _____

Additional Clinical Information: _____

To Prescribing Practitioner: *By signing this form and utilizing our services, you are also authorizing Dr. Ike's Specialty Pharmacy to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies, and co-pay assistance foundations.*

Product Substitution Submitted _____ Date: _____

Dispense as Written _____ Date: _____