Carepoint™
A Pharmacy That Truly Cares

Osteoporosis Referral

P: (855) 237-9112 | F: (855) 237-9113 | www.carepointrx.com

Thank You For Trusting Us With Your Patients Care.

Date Shipment Needed:_____ **Ship To:** ☐ Patient ☐ Physician

PATIENT INFORMATION

Patient Name:_____ Date:_____ SS#:_____
Optional Information To Help Find Coverage

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

Home Phone: (_____) _____ -_____ Alt. Phone: (_____) _____ -_____ DOB:_____

Sex: M ☐ F ☐ Height:_____ Weight:_____ May Pharmacy Contact Patient Directly: Y ☐ N ☐

Dr. Office Shipping Address:_____

Insurance Cardholder Name: _____

Rx Insurance:_____ ID #:_____ Group #:_____ RXBIN:_____

Medical Insurance:_____ ID #:_____ Group #:_____ Phone:_____

MEDICAL ASSESSMENT

DIAGNOSIS DATE:

☐ 733.01 Postmenopausal/Senile Osteoporosis
☐ 733.09 Drug Induced Osteoporosis
☐ 733.90 Other Disorder of Bone and Cartilage
☐ Other: _____
☐ 733.13 Pathological Fracture of Vertebrae
☐ 733.14 Pathological Fracture of Neck or Femur
☐ 995.29 Unspecified adverse effect of other drug, medicinal and biological substance

Current Medications:

Forteo T-Score:_____ Site:_____ Date:_____ **Fracture History** Site:_____ Date:_____ **Allergies:** _____

Enroll Into Forteo Connect Ongoing Personalized Support? ☐ Yes ☐ No **Start Date of Therapy** _____ ☐ **Initiation of Therapy** ☐ **Continuation of Therapy**
Forteo is not to exceed 2 years of therapy

Prior Failed Medications

☐ Actonel Length of Treatment _____ to _____ Reason for Discontinuing: _____
☐ Boniva Length of Treatment _____ to _____ Reason for Discontinuing: _____
☐ Fosamax Length of Treatment _____ to _____ Reason for Discontinuing: _____
☐ Prolia Length of Treatment _____ to _____ Reason for Discontinuing: _____
☐ Reclast Length of Treatment _____ to _____ Reason for Discontinuing: _____

BONE HEALTH ANALYSIS

☐ High risk of fracture due to compromised bone
☐ Low T-Score
☐ Bisphosphonates not effective due to high T-Score
☐ Parental history of hip fracture after the age of 50
☐ Family history of fracture and osteoporosis
☐ Bisphosphonate therapy failure
☐ Contraindicated for bisphosphonate therapy
☐ Cannot tolerate bisphosphonate therapy
☐ Estrogen deficiency as a result of menopause
☐ Estrogen deficiency as a result of hysterectomy
☐ Low body mass, patient < 127lbs
☐ X-ray that showed a spinal failure
☐ X-ray that showed low bone mineral density
☐ Lost 2 cm (3/4") in height or 6 cm (2 ½") overall
☐ Kyphosis (a forward curvature of the back)
☐ Patient has fallen two or more times in the past year
☐ Patient has unsteady walk and poor balance
☐ Patient needs to push with arms to get up from chair
☐ Patient needs an assistive device (cane, walker, etc.)
☐ Anorexia Nervosa
☐ Vitamin D deficient
☐ Calcium deficient
☐ Medication induced Osteoporosis
☐ Degenerative Disc Disease
☐ Scoliosis
☐ Thyroid Condition
☐ Rheumatoid Arthritis
☐ Excessive alcohol consumption (3+ drinks/day)
☐ Gastric Bypass
☐ Smoker
☐ High caffeine intake
☐ Diabetes
☐ Low testosterone level (Men)
☐ Sedentary Lifestyle
☐ For Younger patients osteoporosis localized, drug induced
☐ Patient is on Forteo, continuation of therapy is recommended, no side effects have occurred and the medication is working

PRESCRIPTION

MEDICATION		DIRECTIONS	QUANTITY	REFILLS
Forteo	☐ Pen & Supplies	☐ Inject 20 mcg SQ Daily	600mcg/2.4mL (1 pen)	

INJECTION TRAINING

☐ Patient has received pen & injection training ☐ Physician's office to provide injection training ☐ Carepoint Pharmacy to coordinate injection training

PRESCRIBING PHYSICIAN

Please include a copy of the patients RX insurance card and clinic notes (if available)

Physician Name:_____ Phone: _____ Fax:_____

Clinic: _____ Office Contact:_____ NPI #:_____ DEA #:_____

Address:_____

Physician Signature Date

By Signing this form and utilizing our services, you are authorizing Carepoint and it's employees to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies.