

OSTEOPOROSIS - ENROLLMENT FORM

PATIENT INFORMATION

Name (First, Last): _____ ☐ Male ☐ Female
 Address: _____ City: _____ State: ____ Zip Code: _____
 Phone: (____) ____ - ____ Date of Birth: (mm/dd/yyyy) ____ / ____ / ____ Social Security# ____ - ____ - ____

PLEASE FAX COPY OF INSURANCE CARD, CHART NOTES AND LABS

Medication	Dose/Strength	SIG	Quantity	Refills
<input type="checkbox"/> TYMLOS	<input type="checkbox"/> 80 mcg	<input type="checkbox"/> Inj 80 mcg SC once daily	<input type="checkbox"/> 1.56mL (30 days)	
<input type="checkbox"/> PROLIA	<input type="checkbox"/> 60 mg	<input type="checkbox"/> Inj 60mg SC every 6 months	<input type="checkbox"/> 1 mL	
<input type="checkbox"/> FORTEO	<input type="checkbox"/> 20 mcg	<input type="checkbox"/> Inj 20 mcg SC once daily	<input type="checkbox"/> 2.4 mL (30 days)	
<input type="checkbox"/> EVENITY	<input type="checkbox"/> 210 mg	<input type="checkbox"/> Inj 210 mg SC every month	<input type="checkbox"/> 2.34 mL (1 box)	
PEN NEEDLES		UD (Use as Directed)	# 100	

Diagnosis (ICD10):

- ☐ M81.0 : Age-related osteoporosis without current pathological fracture
☐ M81.8 : Other osteoporosis without current pathological fracture
☐ _____ ICD 10:(____)

Order Status and Special Instructions:

- ☐ **URGENT ORDER (STAT)**
☐ **Send to RX to MD office**

Previously Tried/Failed Therapies & Dates:

- ☐ Fosamax Date: ____ / ____ / ____
☐ Atelvia Date: ____ / ____ / ____
☐ Boniva Date: ____ / ____ / ____
☐ Actonel Date: ____ / ____ / ____
☐ Reclast Date: ____ / ____ / ____
☐ Other Therapies _____

Total # of Dangerous Drugs Prescribed _____

PRESCRIBER'S INFORMATION

Prescriber Name (First, Last): _____ NPI #: _____
 Address: _____ DEA #: _____
 City: _____ State: ____ Zip Code: _____
 Phone: (____) ____ - ____ Fax: (____) ____ - ____ Contact Name: _____

Physician Signature: _____ Date: ____ / ____ / ____

I authorize 986 Specialty Pharmacy and its representatives to act as an agent to initiate and execute the insurance prior authorization process

IMPORTANT NOTICE: This facsimile 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 and 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.