

Reclast® Fax Referral Form

Referring Physician Information						
Referring Physicians Name:						
Referring Physicians Phone:				Referring Physicians Fax #:		
Patient Information						
Patient Full First Name <small>(No Nicknames)</small>		Middle Initial		Last Name		
Date of Birth		SSN:				
Phone		Address:				
Diagnosis				ICD-9 Code		
<input type="checkbox"/>	Senile Osteoporosis (postmenopausal women/men)			733.01		
<input type="checkbox"/>	Low Trauma hip fracture: <i>(use both: code for senile osteoporosis and fracture site) (see following 3 listings)</i>					
	• Pathological fracture: Neck of femur			733.01 + 733.14		
	• Pathological Fracture: Other specified part of femur			733.01 + 733.15		
	• Fracture due to Injury: Neck of femur			733.01 + 820.0-820.9		
<input type="checkbox"/>	Glucocorticoid-induced osteoporosis			733.09 + E932.0*		
<input type="checkbox"/>	Disorder of bone and cartilage, unspecified <i>(for the prevention of PMO)</i>			733.90		
<input type="checkbox"/>	Prevention of glucocorticoid-induced osteoporosis			Primary Dx + V58.65		
<input type="checkbox"/>	Paget's disease of bone <i>(osteitis deformans)</i>			731.0		
*Some payers may not require Ecode E932.0 for glucocorticoids causing adverse events in therapeutic use.						
This patient has a calculated creatinine clearance of ≥ 35 mL/min and a normal serum calcium level:				<input type="checkbox"/>	Yes <input type="checkbox"/>	No
Date of Lab Results:						
Patient currently taking calcium and vitamin D supplements				<input type="checkbox"/>	Yes <input type="checkbox"/>	No
Insurance Information						
Primary	Insurer: _____			Phone: _____		
	Policy #: _____		Group #: _____		Policy Holder: _____	
Secondary	Insurer: _____			Phone: _____		
	Policy #: _____		Group #: _____		Policy Holder: _____	
Attach the following:	<input type="checkbox"/> Lab Results <i>(Including: CrCl, Bone Density and CBC Panel)</i> <input type="checkbox"/> Prescription <input type="checkbox"/> Insurance Card(s) <i>front and back</i> <input type="checkbox"/> Progress Notes					
Physicians Signature:			Date:			

Contact Information:
614-383-6202 (Lisa Phone)
614-383-6203 (Lisa Fax)

614-383-6200 (Marianne Phone)
614-383-6201 (Marianne Fax)