

## Boniva IVP Infusion Orders

**\*\*REQUIRED INFORMATION\*\***

- This signed order from the provider
- Patient demographics & insurance information
- DEXA Scan (-2.5 T score or more severe)
  - If no -2.5 T score, send history of fracture documentation
- Documentation to support primary diagnosis
  - Clinical/progress notes, other medications tried & failed, labs, diagnostic tests
- **Required labs:** CMP/BMP within 60 days, Vitamin D within 1 year

<b>Patient name:</b>	<b>DOB:</b>
<b>Allergies:</b>	<b>Patient Phone:</b>

**Diagnosis ICD-10:**

- **Senile Osteoporosis (ICD-10: \_\_\_\_\_)**
- **Paget's disease of bone (ICD-10: \_\_\_\_\_)**
- **Glucocorticoid-induced osteoporosis (ICD-10: \_\_\_\_\_)**
- **Other (ICD-10: \_\_\_\_\_)**

<p><b>Patient weight:</b> _____ kg</p> <p><b>Patient is currently taking calcium/vitamin D supplementation</b>    ___ yes    ___ no</p> <p><b>Boniva 3 mg IVP every 3 months</b></p>
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<p><b>Additional instructions:</b></p>          
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<b>Physician Name:</b>	<b>Phone:</b>	<b>Fax:</b>
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<b>Physician Signature:</b>	<b>Date:</b>
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