OSTEOPOROSIS PRESCRIPTION FORM

Faxed prescriptions will only be accepted from a prescribing practitioner. Patients must bring an original prescription to the pharmacy. Prescribers are reminded patients may choose any pharmacy of their choice.

Owl Specialty Pharmacy 1010 E. Arrow Hwy., Covina, CA 91724 Phone: 626-209-8169 Fax: 626-209-8171 or 855-817-9523



www.owlspecialty.com

		Patient In	formation:	please provide	a copy of th	ne patient's in	surance card or	information			
Patient Name:				DOB:		Gender: DF		HT:		WT:	
Address:				City:		State:	Zip Code:		Phone:		
Insurance:			Subscriber	s name:		ID#:			Group #:		
			000000000	o namoi					0.040 #1		
Allergies: 🗆 NKDA	🗆 List allergie	es:									
CI	linical Diagn	osis: please fax	or email rel	evant clinical no	otes, labs, te	ests and previ	ous medical hist	ory to expedite	e prior autho	rization	
Diagnosis / ICD-	ated osteopor d osteoporosi	is □ M81.8	8 Other oste	Other osteopor coporosis witho of bone, unspec	ut fracture	□ M8	81. 0 Age-relate 85.9 Bone densit 4.9 Disorder of (y and structur	e disorders	acture	
BMD/T Score(s): Location(s):					Date:			New ther	New therapy for patient:		
Osteoporotic fra	cture - Date	(s):	Location	s):			□ None	High risk	patient:	Yes 🗆 No	
Risk factor(s) in	formation:								-		
Prior treatment:		lo List therapy.	start/end da	ites:							
Comorbidities:					Concomit	tant Medicat	ons:				
Injection Trainin	<u> </u>	· ·	's Office 🛛	Pharmacy 🗆 C							
Injection Trainin Medication	g Provided Quantity /	· ·	's Office □	Pharmacy 🗆 C	Other: Directions	S				Refills	
-	Quantity /	· ·			Directions		0 mg total) SC e	very 4 weeks		Refills	
Medication	Quantity /	Strength	mg/2.34mL 2.4 mL) with)	Directions	syringes (21	0 mg total) SC e ce daily. Dispens	-	ini Pen Need		
Medication	Quantity / 2 prefille 1 prefille 3 prefille	Strength ed syringes (210 ed pen (600 mcg/s	mg/2.34mL 2.4 mL) with eedles)	Directions	0 mcg SC on 0 mg SC eve		sed with BD M	upper thigh	lles.	
Medication Evenity® Forteo®	Quantity / 2 prefille 3 prefille 1 prefille 3 prefille	ed syringes (210 ed pen (600 mcg/ ed pens with 90 m	mg/2.34mL 2.4 mL) with eedles)	Directions	0 mcg SC on 0 mg SC on 0 mg SC eve To be admin	ce daily. Dispens	sed with BD M ne upper arm, lthcare profes	upper thigh sional.	lles.	
Medication Evenity® Forteo® Prolia®	Quantity / 2 prefille 3 prefille 1 prefille 3 prefille	Strength ed syringes (210 ed pen (600 mcg/ d pens with 90 m ed syringe (60 m	mg/2.34mL 2.4 mL) with eedles)	Directions	0 mcg SC on 0 mg SC on 0 mg SC eve To be admin	ce daily. Dispens ry 6 months in th istered by a hea busly over no les	sed with BD M ne upper arm, lthcare profes	upper thigh sional.	lles.	
Medication Evenity® Forteo® Prolia®	Quantity / 2 prefille 3 prefille 1 prefille 3 prefille	Strength ed syringes (210 ed pen (600 mcg/ d pens with 90 m ed syringe (60 m	mg/2.34mL 2.4 mL) with eedles)	Directions	0 mcg SC on 0 mcg SC on 0 mg SC eve To be admin iven intravenc orosis: 5 mg	ce daily. Dispens ry 6 months in th istered by a hea busly over no les	sed with BD M the upper arm, Ithcare profess s than 15 minu	upper thigh sional. utes:	lles. or	
Medication Evenity® Forteo® Prolia®	Quantity / 2 prefille 3 prefille 1 prefille 3 prefille	Strength ed syringes (210 ed pen (600 mcg/ d pens with 90 m ed syringe (60 m	mg/2.34mL 2.4 mL) with eedles)	Directions	o mcg SC on 0 mcg SC on 0 mg SC eve To be admin iven intravence orosis: 5 mg tion of postme	ce daily. Dispens ry 6 months in th istered by a hea pusly over no les ponce a year	sed with BD M he upper arm, Ithcare profes s than 15 mini porosis: 5 mg	upper thigh sional. utes:	lles. or	
Medication Evenity® Forteo® Prolia®	Quantity / 2 prefille 1 prefille 3 prefille 1 prefille 1 prefille 1 vial (5	strength ed syringes (210 ed pen (600 mcg/ d pens with 90 m ed syringe (60 m mg /100 mL)	mg/2.34mL 2.4 mL) with eedles g /1 mL))	Directions	o mcg SC on 0 mcg SC on 0 mg SC eve To be admin iven intravence orosis: 5 mg tion of postme	ce daily. Dispens ry 6 months in th istered by a hea busly over no les once a year enopausal osteo	sed with BD M he upper arm, Ithcare profes s than 15 mini porosis: 5 mg	upper thigh sional. utes:	lles. or	
Medication Evenity® Forteo® Prolia®	Quantity / 2 prefille 3 prefille 1 prefille 1 prefille 1 vial (5 1 prefille (3120 m	Strength ed syringes (210 ed pen (600 mcg/ d pens with 90 m ed syringe (60 m	mg/2.34mL 2.4 mL) with eedles g /1 mL) edles)	Directions	o mcg SC on 0 mcg SC on 0 mg SC eve To be admin iven intravence orosis: 5 mg tion of postme	ce daily. Dispens ry 6 months in th istered by a hea pusly over no les ponce a year enopausal osteo pone: a single 5 n	sed with BD M he upper arm, Ithcare profes s than 15 mini porosis: 5 mg	upper thigh sional. utes:	lles. or	
Medication Evenity® Forteo® Prolia® Reclast®	Quantity / 2 prefille 3 prefille 1 prefille 1 prefille 1 vial (5 1 prefille (3120 m	d pen (600 mcg/ d pens with 90 m ed syringe (60 mg i mg /100 mL) ed pen with 30 ne cg/1.56 mL)	mg/2.34mL 2.4 mL) with eedles g /1 mL) edles) n 30 needles	Directions	0 mcg SC on 0 mg SC eve To be admin iven intravence orosis: 5 mg tion of postme disease of b 0 mcg SC on	ce daily. Dispens ry 6 months in th istered by a hea pusly over no les ponce a year enopausal osteo pone: a single 5 n	sed with BD M he upper arm, Ithcare profes s than 15 mini porosis: 5 mg	upper thigh sional. utes:	lles. or	
Medication Evenity® Forteo® Prolia® Reclast®	Quantity / 2 prefille 3 prefille 1 prefille 1 prefille 1 vial (5 1 prefille (3120 m 3 prefille	d pen (600 mcg/ d pens with 90 m ed syringe (60 mg i mg /100 mL) ed pen with 30 ne cg/1.56 mL)	mg/2.34mL 2.4 mL) with eedles g /1 mL) edles) n 30 needles	Directions	0 mcg SC on 0 mg SC eve To be admin iven intravence orosis: 5 mg tion of postme disease of b 0 mcg SC on	ce daily. Dispens ry 6 months in th istered by a hea pusly over no les ponce a year enopausal osteo pone: a single 5 n	sed with BD M he upper arm, Ithcare profes s than 15 mini porosis: 5 mg	upper thigh sional. utes: once every	lles. or	
Medication □ Evenity® □ Forteo® □ Prolia® □ Reclast® □ Tymlos™	Quantity / Quantity / 2 prefille 3 prefille 1 prefille 1 prefille 1 vial (5 1 prefille 3 prefille 3 prefille	d pen (600 mcg/ d pens with 90 m ed syringe (60 mg i mg /100 mL) ed pen with 30 ne cg/1.56 mL)	mg/2.34mL 2.4 mL) with eedles g /1 mL) edles) n 30 needles	Directions	o mcg SC on 0 mg SC eve To be admin iven intravence orosis: 5 mg o tion of postme 6 disease of be 0 mcg SC on mmation	ce daily. Dispens ry 6 months in th istered by a hea pusly over no les ponce a year enopausal osteo pone: a single 5 n	sed with BD M he upper arm, Ithcare profes s than 15 mini porosis: 5 mg	upper thigh sional. utes: once every	lles. or 2 years	
Medication □ Evenity® □ Forteo® □ Prolia® □ Reclast® □ Tymlos™ Prescriber name	Quantity / Quantity / 2 prefille 3 prefille 1 prefille 1 prefille 1 vial (5 1 prefille 3 prefille 3 prefille	d pen (600 mcg/ d pens with 90 m ed syringe (60 mg i mg /100 mL) ed pen with 30 ne cg/1.56 mL)	mg/2.34mL 2.4 mL) with eedles g /1 mL) edles) n 30 needles	Directions Directions Inject 2 Inject 2 Inject 6 abdomen. Infusion gi Osteop Preven Preven Paget's Inject 8 scriber Info	o mcg SC on 0 mg SC eve To be admin iven intravence orosis: 5 mg o tion of postme 6 disease of be 0 mcg SC on mmation	ce daily. Dispens ry 6 months in th istered by a hea pusly over no les ponce a year enopausal osteo pone: a single 5 n	sed with BD M he upper arm, Ithcare profes s than 15 mini porosis: 5 mg	upper thigh sional. utes: once every Office co	Iles. or 2 years ntact name:	
Medication □ Evenity® □ Forteo® □ Prolia® □ Reclast® □ Tymlos™ Prescriber name	Quantity / Quantity / 2 prefille 3 prefille 1 prefille 1 prefille 1 vial (5 1 prefille 3 prefille 3 prefille	d pen (600 mcg/ d pens with 90 m ed syringe (60 mg i mg /100 mL) ed pen with 30 ne cg/1.56 mL)	mg/2.34mL 2.4 mL) with eedles g /1 mL) edles) n 30 needles	Directions Directions Inject 2 Inject 2 Inject 6 abdomen. Infusion gi Osteop Preven Preven Paget's Inject 8 scriber Info	o mcg SC on 0 mg SC eve To be admin iven intravence orosis: 5 mg o tion of postme 6 disease of be 0 mcg SC on mmation	ce daily. Dispens ry 6 months in th istered by a hea busly over no les once a year enopausal osteo one: a single 5 m ce daily	sed with BD M he upper arm, Ithcare profes s than 15 mini porosis: 5 mg	upper thigh sional. utes: once every Office co	Iles. or 2 years ntact name:	
Medication Medication Evenity® Forteo® Prolia® Reclast® Tymlos™ Prescriber name Prescriber addre	Quantity / Quantity / 2 prefille 3 prefille 1 prefille 1 prefille 1 vial (5 1 vial (5 3 jrefille 3 prefille 3 specifile 1 sess:	d pen (600 mcg/ d pens with 90 m ed syringe (60 mg i mg /100 mL) ed pen with 30 ne cg/1.56 mL)	mg/2.34mL 2.4 mL) with eedles g /1 mL) edles eedles) n 30 needles	Directions Directions Inject 2 Inject 2 Inject 6 abdomen. Infusion gi Osteop Preven Preven Paget's Inject 8 scriber Info	o mcg SC on 0 mcg SC on 0 mg SC eve To be admin iven intravence orosis: 5 mg tion of postme c disease of be 0 mcg SC on mation Phone:	ce daily. Dispens ry 6 months in th istered by a hea busly over no les once a year enopausal osteo one: a single 5 m ce daily	sed with BD M he upper arm, Ithcare profes s than 15 mini porosis: 5 mg	upper thigh sional. utes: once every Office co State:	Iles. or 2 years ntact name:	

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