OSTEOPOROSIS PRESCRIPTION FORM

PATIENT INFORMATION	PRESCRIBER INF	ORMATION
PATIENT NAME:	PRESBRIBER NAME:	
DATE OF BIRTH: GENDER: M / F	SPECIALTY:	
SSN:	ADDRESS:	
ADDRESS:		
	PHONE:	
PHONE:	FAX:	
	DEA:	NPI:
CLINICAL INFORMATION		
ICD-10 CODE:		
☐ M81.0 POSTMENOPAUSAL WOMEN WITH OSTEOPOROS		DRE: DATE:
☐ M80.0 OSTEOPOROSIS WITH CURRENT PATHOLOGICAL F	ACTURE (T-SCC	ORE MUST BE -2.5 OR LOWER)
☐ OTHER DIAGNOSIS:	DDE://	OLICIA TRIED AND OR FAILED
PATIENT MUST HAVE ONE OF THE FOLLOWING:		IOUSLY TRIED AND/OR FAILED: ACTONEL® (RISPEDRONIC ACID)
☐ HISTORY OF AN OSTEOPOROTIC LOW TRAUMA FRACTUR	_	BONIVA (IBADRONIC ACID)
LOCATION(S):	_	FOSAMAX (ALENDRONATE ACID)
☐ INADEQUATE RESPONSE, INTOLERANCE OR CONTRAINDI		FORTEO (TERIPARATIDE)
ORAL OR INJECTIBLE BIPHOSPHONATE.		OTHER:
MEDICATION STRENGTH DIRECTIONS		QTY/REFILLS
WEDICATION STRENGTH DIRECTIONS	·	QTYNEFILLS
☐ TYMLOS PEN INJECT 80MCG INJECT 80MCG	S SUBCUTANEOUSLY	DAILY 3x1.56Ml PEN REFILLS: 12
NDC: 70539-0001-02	7 30 000 17 (14 000 32 1	3X1.30(VIII EN NEITES. 12
☐ CLICKFINE [®] 31 GAUGE 8MM USE DAILY AS I	DIRECTED	1 BOX(#100) REFILLS: 12
NDC: 38396-0702-93		
PLEASE INCLUDE THE FOLLOWING		
		To E-Prescribe:
☐ THIS COMPLETED ENROLLMENT FORM		Orange Plaza Pharmacy
☐ CHART NOTES		1010 W. La Veta Ave. # 130 Orange, CA 92868
COPY OF PATIENT'S PHARMACY INSURANCE CARD (FRONT AND BACK) Orange, CA 92868 Phone: (714) 550-9798		
PLEASE FAX COMPLETED FORM AND REQUESTED DOCUMENTS TO 714-550-9336 NPI: 1982854956		NPI: 1982854956
CURRENTING STATEMENT (COMMENTS COMMENTS AND MUN OTHER MEDICATIONS WOULD NOT BE ARRESTED.		
SUPPORTING STATEMENT (COMMENTS, SYMPTOMS, AND W	VHY OTHER MEDICAT	HONS WOULD NOT BE APPROPRIATE)
By signing below, the prescriber gives consent to Orange Plaza Pharmacy to act as the prescriber's agent to begin		
and execute the prior authorization process, as well as to h	elp the patient app	ply to co-pay assistant programs
(including coupons, foundations and manufacturer assistance programs if necessary). The prescriber certifies that		
the information is true, accurate and the requested service	s are medically ned	cessary to the health of the patient.
PRECRIBER SIGNATURE:	DATE:_	□DO NOT SUBSTITUTE
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Orange Plaza Orange Pla	aza Pharma	CY Phone: 714-550-9798
PHARMACY	wa Suita 120 Oraș	nge, CA 92868 Fax: 714-550-9336

www.orangeplazapharmacy.com