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 MEDRXINFUSION.COM

Date Medication Needed: _____

Ship to: Patient Prescriber Other: _____

Self injection teaching needed Prescriber's office will teach

Home Health nurse to infuse Prescriber's ofc. will infuse

Osteoporosis Referral Form

This referral form is provided in order to best serve our patients and prescribers. Patients may choose any pharmacy of their choice.

Complete patient demographics below or otherwise provide the information requested along with this referral form. Also needed: 1) Patient insurance information (front and back of card) 2) History and physical, chart notes, laboratory results and other diagnostic tests needed to support the use of this medication 3) patient's medication history related to their current diagnosis/problem.

Patient name: _____ Date of birth: _____ height: _____ weight: _____

Address: _____ Allergies/Intolerances: _____

Phone number(s): _____ No known allergies: _____

Treatment Diagnosis/Problem(s): _____ BMD/T Score: _____ Date: _____

Prescriber name: _____ Contact person: _____

Office Address: _____

Phone number: _____ Fax number: _____ NPI number: _____

Prescription Information for Subcutaneous Injections

- Forteo (teriparatide) 2.4ml pfs Administer 20 mcg subcutaneously once daily 28 day supply for _____ months
- Micalcin (calcitonin) 200 IU/ml 2 ml vial Administer 100 IU subcutaneously every other day 28 day supply for _____ months
- Prolia (denosumab) 60 mg [] pfs [] vial Administer 60 mg subcutaneously every 6 months for _____ months

Prescription Information for Intravenous infusions

- Boniva (ibandronate) 3mg/3 ml vial PFS Administer 3 mg intravenously over 15 to 30 seconds q 3 mos. for _____ months
- Reclast (zoledronic acid) 5mg/100ml Administer 5 mg intravenously over 15-30 minutes once a year renewal due annually

Home Health care nursing is needed to infuse medication at home, which may include reconstitution and dilution of the medication according the manufacturer's or pharmacists instructions, accessing a vein for infusion intravenously, maintaining the intravenous catheter per nursing and MedRx protocol, as well as assessing the patient's response and tolerance to therapy.

Med Rx will supply the following for in home infusions: Medication requires that anaphylaxis kit (epinephrine, diphenhydramine) be on hand at home for the first lifetime dose of the intravenous medication infusions per MedRx and nursing policy and procedure. Supplies to administer which may include an infusion pump, supplies to maintain venous access, including heparin 100 u/ml flush and sodium chloride 0.9% flush.

Patient has an existing intravenous access device (catheter type) _____ date placed _____ and will require Home Health to maintain the intravenous catheter and MedRx to provide supplies needed

Dispense the necessary supplies to administer and hazardous waste disposal. Follow guidelines for Calcium and Vitamin D replacement

Physicians Signature: _____ Date: _____

IMPORTANT NOTICE: This form may contain confidential and privileged information and is only intended only for the person named herein. If you are not the named addressee, do not disseminate, distribute or copy this form or any of its contents. Please notify the sender immediately if you have received this document by mistake, then destroy this form.