

Phone: 580-250-5899 | Fax: 580-585-5472

PATIENT INFORMATION

Last Name: _____ First Name: _____ MI: _____
 HT: _____ WT: _____ DOB: _____ Sex: () Male () Female SSN: _____
 Street Address _____ City/State/Zip _____
 Home Phone # _____ Work # _____ Cell # _____

INSURANCE INFORMATION

Primary Insurance Name _____ Policy ID# _____
 Secondary Insurance Name _____ Policy ID# _____

PHYSICIAN/FACILITY INFORMATION

Physician's Name _____ Contact Name _____ Contact Phone # _____
 Address _____ City/State/Zip _____ Fax #: _____
 DEA# _____ NPI# _____ State License # _____

STATEMENT OF MEDICAL NECESSITY

Primary Diagnosis (ICD 10 code AND CPT code) _____
 Secondary Diagnosis (ICD 10 code AND CPT code) _____

MEDICAL INFORMATION

Does the patient have venous access? Yes No If yes, what type? _____
 Is the patient incontinent? Yes No Comments: _____
 Is the patient ambulatory? Yes No Comments: _____

**>ALL MEDIPOINTS/IV WILL BE ACCESSED AND FLUSHED WITH SALINE & HEPARIN PER HOSPITAL PROTOCOL.
 >50 mL BAG OF NORMAL SALINE WILL BE HUNG TO CLEAR ALL PATIENT LINES**

PRESCRIPTION ORDERS:

**ADMINISTER RECLAST 5MG/100mL IV
 OVER NO LESS THAN 15 MINUTES ONE TIME A YEAR**

FLUSHES: 10 mL NS Flush Syringe PRN Heparin 500units/5mL Flush Syringe PRN 50 mL NS PRN

INCLUDE COPIES OF THE FOLLOWING:

**BMP WITHIN THE LAST 30 DAYS - OTHERWISE ONE WILL BE DRAWN
 BONE DENSITY/DEXA SCAN WITHIN THE LAST 2 YEARS - OTHERWISE ONE WILL BE PERFORMED PRIOR
 TO THE DATE OF SERVICE
 OFFICE NOTES SUPPORTING THE DIAGNOSIS OF OSTERPOROSIS/OSTEOPENIA
 DATED WITHIN THE LAST 2 YEARS
 H&P DATED WITHIN THE LAST 2 YEARS
 PRIOR MEDICATIONS USED TO TREAT THE DIAGNOSIS OF OSTEOPOROSIS/OSTEOPENIA**

Labs Needed: BMP-UNLESS PROVIDED

Provider's Signature _____ Date: _____ Time: _____

Fax completed form to the Outpatient Infusion Center at 580-585-5472. PLEASE include copies of: H&P, OFFICE NOTES, LABS, ACTIVE MEDICATION PROFILE, LETTER OF NECESSITY or any other documentation supporting the use of infusion therapy, and ALL current insurance information for your referral to be processed.

