RICHMOND PHARMACY
Specialty Script

355 Bard Ave • Staten Island, NY 10310 • www.RichmondSpecialty.com

PHONE: 718-818-2178 • FAX: 718-818-2179

Date: ____/____/____ Needs by Date: _____

Language: _____ ☐ Nursing Instruction Required

Ship to: ☐ Patient ☐ MD Office

OSTEOPOROSIS ENROLLMENT FORM

Prescriber's Name: _____ DEA #: _____ NPI: _____

Address: _____ City, State, Zip: _____

Phone: _____ Fax: _____ Office Contact: _____

PATIENT INFORMATION: Please complete the following or send patient demographic sheet

Patient Name: _____ Date of Birth: ____/____/____ Gender: ☐ F ☐ M

Address: _____ City, State, Zip: _____

Home Phone: _____ Alternate: _____ Email: _____

PLEASE ATTACH ALL PRIMARY AND SECONDARY INSURANCE INFORMATION

CLINICAL INFORMATION

(Section must be completed to process prescription) *(Attach separate sheet if needed)*

Diagnosis *— Please include diagnosis name with ICD-10 code*

☐ ICD-10 _____ Description _____

Disease State Description:

- ☐ Postmenopausal osteoporosis with high fracture risk (female)
- ☐ Postmenopausal osteoporosis prophylaxis
- ☐ Hypogonadal osteoporosis with high fracture risk (male)
- ☐ Glucocorticoid-induced osteoporosis treatment / prophylaxis
- ☐ Paget's disease
- ☐ Other: _____

Date of Diagnosis _____

Test Results: **WNL:**

- ☐ Serum calcium _____ ☐ Yes ☐ No
- ☐ SCr/CrCl _____ ☐ Yes ☐ No
- ☐ BMD _____ ☐ Yes ☐ No
- ☐ T score _____ ☐ Yes ☐ No

Additional Information *Therapy:* ☐ *New* ☐ *Reauthorization* ☐ *Restart*

Weight _____ kg/lbs Height _____ cm/in BSA _____ m^2

Allergies _____

Fracture History _____

Prior Failed Therapies:

- ☐ Actonel® (risedronate)
- ☐ Boniva® (ibandronate)
- ☐ Fosamax® (alendronate)
- ☐ Prolia® (denosumab)
- ☐ Reclast® (Zoledronic Acid Injection)

Concomitant Medications _____

Additional Comments _____

Treatment Start Date _____ Treatment End Date _____

PRESCRIPTION INFORMATION

Medication	Dose/Strength	Directions	Quantity	Re lls
☐ **Tymlos®**				
☐ Boniva® injection				
☐ Forteo®				
☐ Prolia®				
☐ Reclast®				

Physician Signature: _____ Date: _____

For additional information please visit our website **www.RichmondSpecialty.com**

ePrescribe to our pharmacy "Richmond Pharmacy Specialty" • **(718) 818-2178**