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Osteoporosis Referral Form

Urgent/Stat **Standard**

Prescriber	Prescriber Information				
	Prescriber Name:		MD PA NP		
	NPI:		DEA:	Office Contact:	
	Address:				
City:	State:	Zip:	Phone #:	Fax #:	
Patient	Patient Information - Fax A Copy Of The Front And Back Of All Insurance Cards				
	First Name:		MI:	Last Name:	
	DOB:		Sex: M F	Last 4 Digits SSN :	Interpreter: Y N Specify:
	Address:				
	City:	State:	Zip:	Primary #:	Alternate #:
Emergency Contact:		Phone #:	Contact Preference:	AM Noon PM	
Clinical	Clinical Information - Please Send Progress Notes, Lab Reports And Any Other Supporting Documents				
	Primary ICD10/ Diagnosis Code:		Diagnosis Date: / /		
	M80.0 Age Related Osteoporosis with Fracture M80.8 Other Osteoporosis with Fracture M81.0 Age Related Osteoporosis without Fracture (Senile/Postmenopausal) M81.6 Localized Osteoporosis M81.8 Other Osteoporosis without Fracture M85.9 Disorder of Bone Density and Structure, Unspecified (Osteopenia) M89.9 Disorders of Bone, Unspecified M84.48XA to M84.40XA Pathological Fracture, Unspecified Site Other:		Lowest Dexa T-score:	Site:	Date: / /
			History of Fractures:	Y N	
			Fractures Site:		Date: / /
			Allergies:		
Prior Therapies:					
Continuity of Care: / /		New Prescription	Refill Prescription		
Prescription	Prescription Information				
	Deliver to:	Patient's Home	Prescriber's Office	Other	
				Start Date: / /	
	Drug	Dose/Quantity	Directions	Refills	
	BONIVA® Tablet PFS <small>(IV Use)</small>	1 Carton (1x3mg/3ml) 150 mg Tablet (Quantity: 1)	Infuse 3 mg IV every 3 months over a period of 15 to 30 seconds Take 150 mg PO once every 28 days		
	FORTEO® Prefilled Device	1 Carton (1x600mcg/2.4ml) Pen needles -1Box of 30 (Needles Required)	Inject 20 mcg SQ every day Use one needle daily with injection		
	PROLIA® PFS	1 Carton (1x60mg/ml)	Inject 60 mg SQ every six months		
	RECLAST® Vial	1 Carton (1x50mg/100ml)	Infuse 5 mg IV over at least 15 minutes once every year(s)		
	TYMLOS® PEN	1 Carton (1x3120mcg/1.56ml) 3 Cartons (1x3120mcg/1.56ml) Pen needles -1Box of 30 (Needles Required)	Inject 80 mcg once daily Use one needle daily with injection		
	ZOMETA® Vial	1 Carton (1x4mg/5ml)	Infuse 4 mg IV over no less than 15 minutes once every		
Other:					
Dispense ancillary supplies, syringes and medical equipment necessary to administer medication.					
Injection Training					
Patient received injection training	Prescriber's office to provide injection training	Universal to coordinate injection training			
By signing this form and utilizing our services, you are authorizing Universal Specialty Pharmacy and its employees to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies.					
Sign	Prescriber Signature and Date (Required to validate prescription)				
	Physician Signature:		Date: / /		

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