Phone: 404-585-7517
Fax: 404-900-9209
NPI: 1811550528
synergenrx.com

OSTEOPOROSIS REFERRAL FORM

PATIENT INFORMATION (please attach insurance card)

Name:	☐ M ☐ F	DoB:	
Street:	City:	State:	Zip:
Phone:	Phone:	Allergies:	

CLINICAL INFORMATION (please attach clinical notes and labs)

Diagnosis with ICD-10 code

- ☐ **M81.0** osteoporosis without pathological fracture
- ☐ **M80.08XA** osteoporosis with current pathological fracture
- ☐ Other: _____

Labs & Procedures *(please attach most recent results)*:

- ☐ CMP ☐ date of most recent DEXA: _____
- ☐ T score: _____ ☐ Z score: _____

- Is the patient taking calcium and vitamin D? ☐ yes ☐ no
- Has the patient tried and failed an oral bisphosphonate? ☐ yes ☐ no
- Does the patient have a contraindication AND/OR intolerance to oral bisphosphonate therapy? ☐ yes ☐ no
- Does the patient have a history of osteoporotic fracture? ☐ yes ☐ no
  - Site: _____ Date: _____
  - Site: _____ Date: _____
  - Site: _____ Date: _____
  - Site: _____ Date: _____

Current medication(s) with date(s) started: _____

Prior medication(s) with date(s) of use: _____

PRESCRIPTION

☐ **DAW** (deliver to ☐ patient ☐ office)

Medication	*Route*	*Dose/Strength*	*Directions/Sig*	*Quantity*	*Refills*
☐	*Check this box to authorize the pharmacy to interchange to the plan's preferred biosimilar if needed*				
☐ denosumab ☐ Jubbonti ☐ Prolia	sub-Q	60mg/mL PFS	inject 60mg sub-Q every 6 months	1	
☐ ibandronate (Boniva)	IV	3mg/3mL PFS	infuse 3mg IV as a 15-30 second bolus every 3 months	3mL	
☐ teriparatide ☐ Bonsity ☐ Forteo	sub-Q	**pen**: ☐ 560mcg/2.24mL ☐ 600mcg/2.4mL	inject 20mcg sub-Q once daily		
☐ zoledronic acid (Reclast)	IV	5mg/100mL soln	Infuse 5mg IV over at least 15 min ☐ as a 1-time dose ☐ every 12 months ☐ every 24 months		
Other:					

PRESCRIBER INFORMATION

Prescriber:		Supervising Physician:	
Contact Name:	Contact Method: ☐ Phone ☐ Fax ☐ Email:		
Phone:	Ext:	Fax:	
Street:	City:	State:	Zip:
Signature:	Date:	NPI:	

*By signing this form, I authorize Synergen Rx LLC and its employees to act as authorized agents on behalf of my office to obtain prior authorization through my patient's insurance plan and to facilitate the enrollment of the patient into patient assistance programs with manufacturers and other foundations.