



**IBANDRONATE SODIUM ORDER FORM**

(\* - Required Fields)

New Referral   
  Order Renewal   
  Medication/Order Change  
 Benefits Verification Only   
  Discontinuation Order

**PATIENT INFORMATION**

NAME*:	DOB*:	SEX:    M    F
ADDRESS:	PHONE:	
WEIGHT:            LBS    KG	HEIGHT:	EMAIL:
ALLERGIES:		

**PHYSICIAN INFORMATION**

PHYSICIAN NAME*:	PRACTICE NAME:
ADDRESS:	OFFICE CONTACT*:
PHONE:	FAX:
EMAIL (FOR UPDATES):	

**IBANDRONATE SODIUM ORDER\*:**    ICD-10\*: \_\_\_\_\_

*(SELECT ONE OF THE FOLLOWING)*

Dosing: 3mg IV every 3 months

Patient is currently taking Calcium/Vitamin D Supplement  YES  NO

Physician Signature\* \_\_\_\_\_    Date\*(Order is Valid for One Year) \_\_\_\_\_  
*Infusion will be administered per MPP policy and protocols*

**REQUIRED DIAGNOSIS:**

Osteoporosis

Other \_\_\_\_\_

**REQUIRED DOCUMENTATION CHECKLIST:**

Patient Demographics

Insurance Card/Information

Clinical/Progress Notes supporting DX

Current Medication List and H&P

DEXA Results (w/in 2 years)

Serum Calcium (w/in 90 days)

Creatinine (w/in 90 days)

Last Infusion/Injection Date: \_\_\_\_\_

**STANDING LAB ORDERS:**     CMP     CBC     CRP     ESRP     HFR     UA

Labs to be drawn by Infusion Center    Frequency \_\_\_\_\_

**NOTES/ADDITIONAL COMMENTS:**

**Locations:**

-----Colorado-----

Lakewood

-----Florida-----

Fort Myers Coming Soon

Jacksonville

Kissimmee Coming Soon

Port St. Lucie Coming Soon

Winter Park Coming Soon

-----Texas-----

Arlington

Dallas

Denton

Duncanville

Ft. Worth Coming Soon

Irving

Rockwall Coming Soon

Southlake

Lewisville

Plano

Tyler

REVISION DATE- 7/2019