



**IBANDRONATE SODIUM ORDER FORM**

(\* - Required Fields)

**STAT REQUEST**  
(\*REASON MUST BE PROVIDED BELOW)

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 \_\_\_\_\_

**\*STAT REASON:**  
(STAT request will be assessed per MPP policy and procedure)

**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 12 months)  
 Creatinine (w/in 12 months)

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

**STANDING LAB ORDERS:**     CMP     CBC

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

**NOTES/ADDITIONAL COMMENTS:**

**Locations:**

-----Colorado-----

Lakewood

-----Florida-----

Jacksonville  
 Kissimmee  
 Port St. Lucie  
 Suncoast  
 Winter Park

-----Texas-----

Arlington  
 Cedar Hill  
 Dallas  
 Denton  
 Ft. Worth  
 Irving  
 Rockwall  
 Southlake  
 Flower Mound  
 Plano  
 Tyler

REVISION DATE- 03/2021