BioTek reMEDys
A Specialty Pharmacy

Osteoporosis Treatment Order Form

Phone: (877) 246 9104
Fax: (800) 783-9146
www.Biotekrx.com

PATIENT INFORMATION (Complete or fax existing chart)

Patient Name: ______________________________
Address: ______________________________
City, State, Zip: ______________________________
Phone: __________________ Alt.Phone: ____________
DOB: ________ Gender: M F Last 4 SSN: __________
WT: HT: Allergies:

PRESCRIBER INFORMATION

Prescriber Name: ______________________________
State License: __________________ NPI #: ________________
DEA: ____________________ Phone: ____________________
Address: ________________________ Fax: __________________
City, State, Zip: ______________________________
Contact Person: _________________ Phone: ________________

INSURANCE INFORMATION - INSTEAD - just send us a copy of the patient's prescription / insurance cards (front & back)

Primary Insurance: ______________________________
City, State, Zip: ______________________________
Plan #: ______________________________
Group #: ______________________________
Phone: ______________________________

RX Card (PBM): ______________________________
BIN: ____________________ PCN: ____________________
City, State, Zip: ______________________________
Group #: ______________________________
Phone: ______________________________

DIAGNOSIS/CLINICAL INFORMATION

☐ 733.0 Osteoporosis

Does the patient have a history of osteoporotic fracture? ☐ Yes ☐ No

Has the patient failed or is unable to tolerate bisphosphonate therapy? ☐ Yes ☐ No

If yes, please explain:

Does the patient have >1 risk factor for fracture? ☐ Yes ☐ No

If yes, please explain:

Will the patient be adequately supplemented with Calcium and Vitamin D? ☐ Yes ☐ No

Infusion Orders

DRUG	DOSE/STRENGTH	DIRECTIONS
Prolia®	☐ 60mg	Inject 60mg subcutaneously every 6 months
Reclast® (Zoledronic Acid)	☐ 5mg	Infuse 5mg IV once a year

SIGNATURE

X ______________________________ DATE: ____________________

Prescribing Physician Signature

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Clinical Oversight Committee - APPROVED 11/2022