InfuCare Rx®

Osteoporosis Enrollment Form

Fax Referral To: 844-504-3278
Phone: 877-327-8881

Please cut along the dotted lines before submitting to a pharmacy.

Date Required: _____ Ship To: ☐ Patient ☐ MD Office ☐ Other: _____

PATIENT INFORMATION

Patient Name: _____
Address: _____
City, State, Zip: _____
Home Phone: _____
Cell Phone: _____
Date of Birth: _____ Gender: _____
Emergency Contact: _____ Phone: _____

PRESCRIBER INFORMATION

Prescriber Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Fax: _____
DEA #: _____ NPI #: _____
Contact Person: _____

INSURANCE INFORMATION (Please attach the front and back of insurance and prescription drug card.)

Primary Insurance: _____ ID: _____ Group: _____
Secondary Insurance: _____ ID: _____ Group: _____
Prescription Card: _____ ID: _____ BIN: _____ PCN: _____

To better serve your patient and facilitate insurance authorization, please complete the pertinent sections:

PATIENT DIAGNOSIS/CLINICAL INFORMATION

☐ M81.0 Age- Related Osteoporosis without current pathological fracture
☐ Other: _____
Prior Medication Failed: _____
Length of Treatment: _____
Reason for Discontinuation: _____

Weight: _____ ☐ kg ☐ lbs Height: _____ ☐ cm ☐ in %BSA: _____
Allergies: _____ ☐ NKDA
Injection Training/Home Health RN visit is necessary. ☐ Yes ☐ No
Site of Care: ☐ Home ☐ MD Office ☐ Other: _____
TB/PPD test: ☐ Positive ☐ Negative ☐ Date Read: _____
T-score: _____ ☐ Forteo® Home Health Training Required

PRESCRIPTION INFORMATION

Medication	Dose/Strength	Instructions	Quantity	Refills
☐ Forteo®	☐ 600mcg per 2.4mL	☐ Inject 20mcg SUBQ daily	☐ 1 month supply	
☐ Euflexxa®	☐ Single-use prefilled syringes (2mL)	☐ Inject 2mL (full syringe contents) intraarticularly in each affected knee weekly for 3 weeks. Use separate syringes for each knee.	☐ 1 month supply	
☐ Prolia®	☐ 60mg	☐ Inject 60mg SUBQ every 6 months	☐ 6 month supply	
☐ Reclast®	☐ 5mg per 100mL	☐ Infuse 5mg once yearly	☐ 1 vial	
☐ Synvisc®	☐ 16mg per 2mL	☐ Inject intraarticularly 16 mg (2 mL) to affected knee for 3 weeks	☐ 1 month supply	
☐ Synvisc-One®	☐ 48mg per 6mL	☐ Inject intraarticularly 48 mg (6 mL) to affected knee once as a single injection	☐ 1 month supply	
☐ Tymlos®	☐ 2mg per mL	☐ Inject 80 mcg SUBQ daily	☐ 1 month supply	
☐ Other:				

ADDITIONAL COMMENTS

Prescriber Signature: _____ **Date:** _____