

PATIENT INFORMATION			
Name:			DOB:
Allergies:		Date of Referral:	
REFERRAL STATUS			
<input type="checkbox"/> New Referral <input type="checkbox"/> Dose or Frequency Change <input type="checkbox"/> Order Renewal			
INFUSION OFFICE PREFERENCES (Optional)			
Preferred Location* <input type="checkbox"/> Mattoon <input type="checkbox"/> Effingham			
<small>*Please Note: Requests will be accommodated based on infusion center availability and are not guaranteed.</small>			
Diagnosis and ICD 10 CODE			
<input type="checkbox"/> Age related Osteoporosis without current pathological fracture		ICD 10 Code: M81.0	
<input type="checkbox"/> Age related Osteoporosis with current pathological fracture		ICD 10 Code: M80.0	
<input type="checkbox"/> Other: _____		ICD 10 Code: _____	
REQUIRED DOCUMENTATION			
<input type="checkbox"/> This signed order form by the provider <input type="checkbox"/> Patient demographics AND insurance information <input type="checkbox"/> Serum creatinine and serum calcium level <input type="checkbox"/> Documentation of oral hygiene		<input type="checkbox"/> Clinical/Progress notes <input type="checkbox"/> Labs and Tests supporting primary diagnosis <input type="checkbox"/> DEXA scan results and/or FRAX score <input type="checkbox"/> Pregnancy Test (if applicable)	
List Tried & Failed Therapies, including duration of treatment:			
1)			
2)			
3)			
MEDICATION ORDERS			
Dosing Wt for Calculations	Ht:	Wt (in kg):	BMI:
Dosing	<input type="checkbox"/> Reclast 5mg IV once yearly		
Refills:	<input type="checkbox"/> X 1 year		
ADDITIONAL ORDERS			
PRESCRIBER INFORMATION			
Prescriber name :			
Office Phone:	Office Fax:	Office Email:	
Prescriber Signature:	Date:	Time:	

All information contained in this order form is strictly confidential and will become part of the patient's medical record.

Contact us with questions at:

Fax Completed Form and all documentation to:

☐ MATTOON

1000 Health Center Dr. Ph. 217-258-4150  
Suite 204 Fax 217-348-2579  
Mattoon, IL 61938

☐ EFFINGHAM

901 Medical Park Dr. Ph. 217-342-7500  
Suite 201 Fax 217-342-7499  
Effingham, IL 62401