

PATIENT INFORMATION
 Demographics attached

Patient Name: _____ DOB: _____ Phone: _____

INSURANCE INFORMATION: PLEASE ATTACH COPY OF PRESCRIPTION/MEDICAL CARD(S) (FRONT AND BACK)
MEDICAL INFORMATION

 Diagnosis: Senile Osteoporosis _____ Paget's disease of bone _____
 Glucocorticoid-induced osteoporosis _____

Patient Weight: _____ lbs. Allergies: _____

- Clinical/Progress Notes, Labs, and Tests supporting primary diagnosis attached
- DEXA Scan (-2.5 T score or more severe) ***if no -2.5 T score, please send history of fracture documentation*
- Labs: Prolia - Calcium within 6 months, CrCl if CKD;ZA - CMP/BMP within 60 days, Evenity - Calcium within 6 months

Labs: Required labs to be drawn by: Infusion Clinic Referring Physician

Lab Orders: _____

Tried & Failed Medications:

- Fosamax: Duration: _____ Reason for Discontinuing: _____
- Boniva: Duration: _____ Reason for Discontinuing: _____
- Actonel: Duration: _____ Reason for Discontinuing: _____
- Evista: Duration: _____ Reason for Discontinuing: _____
- Prolia: Duration: _____ Reason for Discontinuing: _____

ZOLEDRONIC ACID

J Code: J3489 Patient Weight: _____ lbs.

 *Patient is currently taking calcium/vitamin D supplementation YES NO Other

 Zoledronic Acid 5mg/100mL IV once yearly

PROLIA SUB Q

J Code: J0897 Patient Weight: _____ lbs.

 *Patient is currently taking calcium/vitamin D supplementation YES NO Other

 Prolia 60mg subcutaneous injection every 6 months *Date of last Prolia injection: _____

EVENITY SUB Q

J Code: J3111 Patient Weight: _____ lbs.

 *Patient is currently taking calcium/vitamin D supplementation YES NO Other

 Evenity 210mg subcutaneous injection once monthly

PHYSICIAN INFORMATION

 By signing this form and utilizing our services, you are authorizing *Paragon Healthcare, Inc.* and its employees to serve as your prior authorization and specialty pharmacy designated agent in dealing with medical and prescription insurance companies.

Physician Signature: _____ Physician Name: _____ Date: _____

Phone: _____ Fax: _____ Contact Person: _____

INFUSION CENTER LOCATIONS
 Alpharetta, GA Arlington, TX Atlanta, GA Austin, TX Bee Cave, TX Birmingham, AL Cape Coral, FL Clear Lake, TX Clearwater, FL Coppell, TX Creve Coeur, MO Dallas, TX
 Decatur, GA Denver, CO El Paso East, TX El Paso West, TX Fort Myers, FL Fort Worth, TX Hendersonville, TN Houston, TX Huntsville, AL Independence, MI Kansas City, MI
 Knoxville, TN Kyle, TX Lubbock, TX Montgomery, AL Murfreesboro, TN Naples, FL Nashville, TN North Hills, TX Plano, TX Round Rock, TX San Antonio, TX Sarasota, FL
 Smyrna, GA St. Louis, MI Stone Oak, TX Waco, TX West Houston, TX The Woodlands, TX Other: _____

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