

LAWRENCE COUNTY
Memorial  Hospital
DEACONESS ILLINOIS PARTNER

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		
DIAGNOSIS AND ICDE 10 CODE		
<input type="checkbox"/> Osteopenia	ICD 10 Code: M85.80	
<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: M81.0 _____	
<input type="checkbox"/> Other:	ICD 10 Code: _____	
REQUIRED DOCUMENTATION (referral will not be processed without the required documentation)		
<input type="checkbox"/> The signed order form by the provider <input type="checkbox"/> Patient demographics AND insurance information <input type="checkbox"/> Prior authorization with reference number Pt may be required to submit a pregnancy test prior to treatment	<input type="checkbox"/> Clinical/Progress notes (must be within 1 year) <input type="checkbox"/> Labs and tests supporting primary diagnosis <input type="checkbox"/> DEXA Scan results and/or FRAX score (must be within 2 years) <input type="checkbox"/> Documentation of oral hygiene <input type="checkbox"/> Calcium level and Date _____	
List of tried and failed therapies, including duration of treatment: _____		
MEDICATION ORDERS		
Dosing Wt for Calculation: HT: _____ WT (kg): _____ BMI: _____		
Dosing	<input type="checkbox"/> J3489 Reclast 5mg IV once yearly	
Additional Dosing	<input type="checkbox"/> J3489 Reclast _____	
Duration: <input type="checkbox"/> x 1 year		
ADDITIONAL ORDERS/INFORMATION		
PRESCRIBER INFORMATION		
Provider Name:		
Office Phone:	Office Fax:	Office Email:
Prescriber Signature:	Date:	Time:

ALL INFORMATION COUNTAINED IN THIS ORDER FORM IS STRICTLY CONFIDENTIAL AND WILL BECOME PART OF THE PATIENTS MEDICAL RECORD.

CONTACT US WITH QUESTIONS AT 618-943-8515
 FAX COMPLETED FORM AND ALL DOCUMENTS TO 618-943-7242

INFUSION ORDERS – RECLAST (ZOLEDRONIC ACID)