BONE AND JOINT HEALTH REFERRAL FORM

www.albertsons.com/specialtycare • Phone: 877.466.8028 • Fax: 877.466.8040

Albertsons Companies Specialty Care

Jewel Osco · Albertsons · SAFEWAY · VONS · ACME · shaw's · star market · PAVILIONS · CARRS · Randalls · Tom Thumb

Patient Information

Patient Name: _____ DOB: _____ Sex: ☐ M ☐ F

Phone: _____ Cell Phone: _____ Email Address: _____

Address: _____ City: _____ State: _____ Zip: _____

ICD-10 Diagnosis Code: _____ Diagnosis: _____

Allergies (please note reaction): _____ ☐ Latex

Current Medications: (list here or attach a medication list): _____

_____

Comorbidities: (list here or attach a list): _____

Prescription Information

INSURANCE INFORMATION - FAX COPY OF PATIENT'S INSURANCE CARD

MEDICATION	STRENGTH	DIRECTIONS	QUANTITY	REFILLS
☐ Euflexxa (sodium hyaluronate)	20mg/2mL Prefilled Syringe	Inject 20mg (2mL) once weekly for 3 weeks.	6mL	
☐ Forteo (teriparatide)	600mcg/2.4mL Pen	Inject 20mcg subcutaneously every day as directed.	1 pen	
☐ WITH Pen Needles	32 gauge 4mm	Use with Forteo daily as directed.	30 pens	
☐ Prolia (denosumab)	60mg/mL Prefilled Syringe	Inject 60mg subcutaneously every 6 months.	180-day supply	
☐ Tymlos (abaloparatide)	3120mcg/1.56mL Pen-injector	Inject 80mcg subcutaneously once daily.	28-day supply	
Other Medication Name:				

Treatment History: ☐ **New to Therapy** ☐ **Continuation of Therapy**

Prescriber Information

Prescriber Name: _____

State License #: _____ DEA #: _____ NPI: _____

Additional Contact Person Name: _____

Group or Hospital: _____ Phone: _____

Fax: _____ Email Address: _____

Address: _____ City: _____ State: _____ Zip: _____

Prescriber Signature:

_____ _____ _____ _____

Product Substitution Permitted | Date | Dispensed as Written | Date

Delivery Information

Ship to: ☐ Patient ☐ Prescriber/Clinic

☐ Pick up at an Albertsons Companies Pharmacy

Address: _____

Phone: _____

Date Medication Needed: _____

It's as simple as **caring.**

Ph. 800-834-8778
Fax 877-466-8040

E-Scribe Information:
Albertsons/Safeway Pharmacy • 12874 E. Florence Ave.
Santa Fe Springs, CA 90670 • NCPDP 5617418 • NPI 1164451100