BONE AND JOINT HEALTH REFERRAL FORM











PAVILIONS CARRS () Randalls.

	Patient Name:		DOB:	Sex:	M
Information	Phone:	Cell Phone:	Email Address:		
	Address:		City: S	tate: Zip:	
			Diagnosis:		
	Allergies (please note reaction):				
	Current Medications: (list here or attach a medication list):				
	Current Medications. (list hore of attach a medication list).				
	Comorbidities: (list here or at	tach a list):			
	INCUDANCE INFORMATION - FAY CORY OF DATIENT'S INCUDANCE CARD. BOTH SIDES				
	INSURANCE INFORMATION - FAX COPY OF PATIENT'S INSURANCE CARD - BOTH SIDES				
	MEDICATION	STRENGTH	DIRECTIONS	QUANTITY	REFILLS
Information	Euflexxa (sodium		Inject 20mg (2mL) intra-articularly into the knee once	6mL	
	hyaluronate)	20mg/2mL Prefilled Syringe	weekly for 3 weeks.	1 syringe	
			,		
	Forteo (teriparatide)	600mcg/2.4mL Pen	Inject 20mcg subcutaneously every day.	☐1 pen	
	WITH Pen Needles	32 gauge 4mm	Use with Forteo daily.	30 pen needles	
	with Perineedies	32 gauge 4mm			
	Prolia (denosumab)	60mg/mL Prefilled Syringe	Inject 60mg subcutaneously every 6 months.	1 syringe	
		3120mcg/1.56mL			
	Tymlos (abaloparatide)	Pen-injector	Inject 80mcg subcutaneously once daily.	1 pen	
	Xgeva (denosumab)	☐ 120mg/1.7mL	Administer 120mg subcutaneously every 4 weeks.	1 vials	
			Administer additional 120mg doses subcutaneously		
			on days 8 and 15 of the first month of therapy.	3 vials	
	Other Medication Name:				
	other medication ranne.				
	Treatment History	: □ New to Therapy	□ Continuation of Therapy		
	Prescriber Name:				
Information			DEA #: NPI:		
	Additional Contact Person Name:				
	Group or Hospital: Phone:				
	Fax: Email Address:				
	Address: City: State: Zip:				
	Prescriber Signature: Dispensed as Written Date				
	Product Substitution Permitted Dispensed as Written Date The prescriber is to comply with state specific prescription requirements such as e-prescribing, state specific prescription form, fax language, etc. Non-				
	compliance with state specific requirements could result in outreach to the prescriber.				
	Ship to Patient Ship to Prescriber/Clinic Pick up at Albertsons Companies Pharmacy Pharmacist may administer				
	Date Medication Needed:				
orr	Confidentiality Warning. The information contained in this facsimile message is privileged and confidential information intended only for the review and use of the individual or entity to which it is addressed. If the reader of this message is not the intended recipient, you are hereby notified that any disclosure,				
υţ	dissemination, distribution or copying of this communication of the information contained herein is strictly prohibited. If you have received this communication in				

It's as simple as caring.

error, please immediately notify sender by telephone, and destroy the original documents.