Faxed prescriptions will only be accepted from a prescribing practitioner. Patients must bring an original prescription to the pharmacy, and cannot fax these referral forms to Senderra.

SENDERRA
Specialty Pharmacy

1301 E. Arapaho Rd., Ste. 101
Richardson, TX 75081

This prescription form is to be sent & received via fax

Orthopedic Enrollment Form

Physician Offices Call: 855-460-7928

Fax: 888-777-5645

Prescribing Practitioner:	**NPI**:
Supervising Physician:	**NPI**:
Address:	**Tax ID:**
Office:	Fax:
Contact:	

PATIENT INFORMATION

Name:		☐ M ☐ F	DOB: ____/____/________	SS#: ____-____-________
Tel:	Al. Tel:	☐ English ☐ Spanish ☐ Other:__________		Wt.: ______ Ht.: ______
Street:	City:	State:	ZIP:	

MEDICAL INFORMATION

Prior Failed Medication(s):	Tried and Failed (Dates/Length of Treatment)	Not Tolerated:	Reason for Discontinuing:
☐ Actonel	☐ ________________________	☐	________________________
☐ Boniva	☐ ________________________	☐	________________________
☐ Fosamax	☐ ________________________	☐	________________________
☐ Prolia	☐ ________________________	☐	________________________
☐ Reclast	☐ ________________________	☐	________________________
☐ ______________	☐ ________________________	☐	________________________

☐ **Patient has not tried or failed any prior medication(s).**

Diagnosis Date: ______/______/________

☐ **M80.00XA** Age Related Osteoporosis with Current Pathological Fracture, Unspecified Site, Initial Encounter for Fracture

☐ **M80.80XA** Other Osteoporosis with Current Pathological Fracture, Unspecified Site, Initial Encounter for Fracture

☐ **M81.0** Age Related Osteoporosis without Current Pathological Fracture(Post-Menopausal/Senile Osteoporosis)

☐ **M81.6** Localized Osteoporosis

☐ **M81.8** Other Osteoporosis without Current Pathological Fracture(Drug-Induced Osteoporosis)

☐ **M84.40XA** Pathological Fracture, Unspecified Site, Initial Encounter for Fracture

☐ **M84.459A** Pathological Fracture, Hip, Unspecified, Initial Encounter for Fracture

☐ **M84.48XA** Pathological Fracture, Other Site, Initial Encounter for Fracture

☐ **M85.80** Other Specified Disorders of Bone Density and Structure, Unspecified Site

☐ **M85.9** Disorder of Bone Density and Structure, Unspecified

☐ **M89.9** Disorders of Bone, Unspecified

☐ **M89.8X9** Other Specified Disorders of Bone, Unspecified Site

☐ **Other:** ________________________________

Lowest Dexa T-score: ______ Site: ______ Date: ____/____/____

Fracture Site(s): ____________________ Date: ____/____/____

Allergies:

Enroll into Forteo Connect ongoing personalized support? ☐ Yes ☐ No

Start Date of Therapy _____/_____/________
(Forteo is not to exceed 2 years of therapy)

☐ Initiation of Therapy ☐ Continuation of Therapy

PLEASE FAX COPY OF PRESCRIPTION/MEDICAL CARD FRONT AND BACK AS WELL AS ANY LAB NOTES REGARDING THERAPY

PRESCRIPTION

☐**New** ☐ **Refill** | **Ship by:** ____/____/_____ | **SHIP TO:** ☐ **Patient's Home** ☐ **Doctor's Office** ☐ **Other:** ______________

Drug		Directions	Quantity	Refills
☐ **Forteo®**	Pen	Inject 20 mcg SQ daily	600mcg/2.4mL (1 pen)	
		☑ **Pen needles**: Use with Forteo daily as directed	30 days supply	

INJECTION TRAINING

☐ Patient has received pen and injection training ☐ Physician's office to provide injection training ☐Senderra to coordinate injection training

PRESCRIBING PRACTITIONER SIGNATURE

To Prescribing Practitioner: By signing this form and utilizing our services, you are also authorizing Senderra to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies, and co-pay assistance foundations.

Prescribing Practitioner:	**Date**: ______/______/________

CONFIDENTIALITY NOTICE

IMPORTANT: This fax is intended to be delivered only to the named addressee. It contains material that is confidential, proprietary or exempt from disclosure under applicable law. If you are not the named addressee, you should not disseminate, distribute, or copy this fax. Please notify the sender immediately if you have received this document in error and then destroy this document immediately.