Faxed prescriptions will only be accepted from a prescriber. 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

Osteoporosis Enrollment Form

Physician Offices Call: 855-460-7928

Fax: 888-777-5645

Prescriber:	**NPI:**
Supervising Physician:	**NPI:**
Address:	**Tax ID:**
Phone:	Fax:
Contact:	

PATIENT INFORMATION

Name:	☐ M ☐ F ☐ Trans M ☐ Trans F ☐ Other	DOB: ____/____/________	SS#: _____-_____-__________
Street:	City:	State:	ZIP:
Phone:	Alt. Phone:	☐ English ☐ Spanish ☐ Other: ________	Wt.: ________ Ht.: ________

PRESCRIPTION

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

Drug		**Directions & Quantity**	**Refills**
Boniva® *(ibandronate)*	☐ 3 mg Pre-filled Syringe	☐ Inject 3 mg IV over 15-30 seconds every 3 months (Quantity: 1)	
Forteo®	☐ 600 mcg/2.4 mL Pen	☐ Inject 20 mcg SQ daily (Quantity: 1)	
		☑ **Pen needles (31G x 3/16"):** Use one pen needle with each daily dose of Forteo as directed (Quantity: 28)	
Prolia®	☐ 60 mg Pre-filled Syringe	☐ Inject 60 mg SQ once every 6 months (Quantity: 1)	
Reclast® *(Zoledronic Acid)*	☐ 5 mg Vial	☐ Infuse 5 mg IV over no less than 15 minutes every year (Quantity: 1)	
		☐ Infuse 5 mg IV over no less than 15 minutes every two years (Quantity: 1)	
Tymlos®	☐ 3120 mcg/1.56 mL Pen	☐ Inject 80 mcg SQ daily (Quantity: 1)	
		☑ **Pen needles (31G x 5/16"):** Use one pen needle with each daily dose of Tymlos as directed (Quantity: 30)	

MEDICAL INFORMATION

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

PREVIOUS THERAPIES:	**Tried & Failed (Duration):**	**Not Tolerated:**	**Contraindication:**
☐ Actonel	☐(__________________)	☐	________________________________
☐ Boniva	☐(__________________)	☐	________________________________
☐ Fosamax	☐(__________________)	☐	________________________________
☐ Prolia	☐(__________________)	☐	________________________________
☐ Reclast	☐(__________________)	☐	________________________________
☐ __________________	☐(__________________)	☐	________________________________

☐ M80.00XA Age-related osteoporosis with current pathological fracture, unspec. site, initial encounter for fracture

☐ M81.0 Age-related osteoporosis without current pathological fracture

☐ M81.8 Other Osteoporosis without current pathological fracture

☐ M84.40XA Pathological fracture, unspec. site, initial encounter for fracture

☐ M8___.______ ____________________________________

☐ M80.80XA Other osteoporosis with current pathological fracture, unspec. site, initial encounter for fracture

☐ M81.6 Localized Osteoporosis

☐ M85.8 Other specified disorders of bone density and structure, unspec. Site (Osteopenia)

☐ M84.459A Pathological fracture, hip, unspec., initial encounter for fracture

☐Other: ____________________________________

Date of Diagnosis: ____/____/________ **Allergies:**____

Lowest DEXA T-Score: __________ Site: __________ Date: ____/____/________ | Fracture Site(s): __________ Date: ____/____/________

Additional Clinical Information:

INJECTION TRAINING

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

PRESCRIBER SIGNATURE REQUIRED---STAMPED SIGNATURE NOT ALLOWED

To Prescriber: 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.

PRODUCT SUBSTITUTION PERMITTED	**DISPENSE AS WRITTEN**
X ________________________________ Date: ____/____/________	**X** ________________________________ 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.