

PATIENT STATUS		PACKAGING			DELIVERY		
New Patient	Current Patient	Josef Compliance Packaging Vials (Child Proof Yes No N/A)			Patient's home	Pharmacy pickup	Date Needed:
New RX	Refill				MD's office	1 st dose at MD's office and remaining refills at patient's home	
Primary Caregiver:							

PATIENT INFO					PRESCRIBER INFO		
Last Name, First Name Primary Language					Today's Date		
Best Phone Number ()		Alternate Phone Number ()			Physician Name		NPI #
Home Address		City, State		Zip			DEA #:
Shipping Address (if different from home address)					Address		City, State Zip
Social Security Number			Date of Birth		Phone Number ()		Fax Number ()
Height	Weight	BMI	Gender M F	Pregnant Yes No	Key Office Contact Name		Email

CLINICAL INFORMATION | PLEASE FAX LABS, CURRENT MEDICATIONS/OTC PROFILE AND HISTORY

Diagnosis:

- 733.00 Osteoporosis, Unspecified
- 733.01 Senile Osteoporosis
- 733.02 Idiopathic Osteoporosis
- 733.03 Disuse Osteoporosis
- 733.09 Other Osteoporosis
- V58.65 Long-term (current) use of Steroids
- Other: _____

Date of Diagnosis: _____ BMD/T-Score: _____

Is patient new to therapy? Yes No

History of osteoporotic fracture? Yes No

If no, is patient at high risk? Yes No

If yes, date of fracture: _____

Location of fracture: _____

Prior (FAILED) Therapy:

Therapy	Date(s)
Fosamax	
Actonel	
Forteo	
Prolia	
Reclast	
Boniva	
Other (please list): _____	

PRESCRIPTION INFORMATION OR ATTACH RX

Medication	Strength	Directions	Quantity	Refill
Forteo®	600 mcg/2.4 mL Pen	Inject 1 dose (20 mcg) subcutaneously once daily. Discard device 28 days after first use.	1 pen (4-week supply) 3 pens (12-week supply)	
BD® Mini Pen Needles	31G x 3/16"	Use with Forteo® pen once daily as directed	#90 Pen Needles #30 Pen Needles	
Prolia®	60 mg/1 mL PFS	Inject the contents of 1 syringe (60 mg) subcutaneously every 6 months	1 Prefilled Syringe	
Reclast®	5 mg/100 mL vial	Infuse 5 mg intravenously over no less than 15 minutes once annually	One: 5 mg/100 mL vial	0
Boniva®	3 mg/3 mL PFS	Inject the contents of 1 syringe (3 mg) intravenously every 3 months. To be administered by a healthcare professional.	One: 3 mg/3 mL PFS	
Tymlos	200mcg/mL	Inject 80mcg subcutaneous once daily	1 device (4-week supply) 3 device (12-week supply)	

INJECTION TRAINING FOR FORTEO

Josefs to Coordinate
Office to Coordinate
RN/LPN to teach administration of injectable to caregiver/patient (in accordance with state laws)

Patient has received injection training

I authorize Josefs Pharmacy and its representatives to serve as a prior authorization designated agent in dealing with medical and prescription insurance companies and to coordinate/receive patient lab values.

Patient is interested in Patient Support Programs as necessary/applicable

Ancillary kits and supplies provided as necessary/applicable

Doctor/Prescriber Signature – Dispense as Written

Date

Doctor/Prescriber Signature – Substitution Permissible

Date