Faxed prescriptions will only be accepted from a prescribing practitioner. Patients must bring an original prescription to the pharmacy. Prescribers are reminded patients may choose any pharmacy of their choice.

Twin Oaks Specialty Pharmacy
Fax: 855-909-TOSP (8677)

OSTEOPOROSIS ENROLLMENT FORM

Date Medication Needed: ______________ Ship To: Patient's Home Prescriber's Office Pick-up: Injection training by pharmacy?

1: Patient Information: **Insurance Information:** Please fax FRONT and BACK copy of ALL Insurance cards (Prescription and Medical)

Patient Name: ______________ Birthdate: ______________ Sex: Male Female Height: ______ Weight: ______ lbs. kg.

Soc. Sec. #: ______________ Preferred Phone: ______________ Known Allergies: ______________

Address: ______________ City: ______________ State: ______ Zip: ______

Alternate Caregiver Name: ______________ Preferred Phone: ______________

2: Prescriber Information

Provider Name: ______________ DEA#: ______ NPI#: ______ Tax ID#: ______

Address: ______________ Phone: ______________ Fax: ______________

City, State, Zip: ______________ Key Contact: ______________ Phone: ______________

3: Diagnosis/Clinical Information | *Please FAX recent clinical notes, Labs, Tests, with the prescription to expedite the Prior Authorization*

Prior Failed Medication(s):	Length of Treatment:	Reason for Discontinuing:
Actonel	____/____/_____-____/____/_____	
Boniva	____/____/_____-____/____/_____	
Fosamax	____/____/_____-____/____/_____	
Prolia	____/____/_____-____/____/_____	
Reclast	____/____/_____-____/____/_____	

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

Diagnosis Date: ______/______/________

- ☐ M80.0 Age Related Osteoporosis with Fracture
- ☐ M80.8 Other Osteoporosis with Fracture
- ☐ M81.0 Age Related Osteoporosis without Fracture (Senile/Postmenopausal)
- ☐ M81.6 Localized Osteoporosis
- ☐ M81.8 Other Osteoporosis without Fracture
- ☐ M85.9 Disorder of Bone Density and Structure, Unspecified (Osteopenia)
- ☐ M89.9 Disorders of Bone, Unspecified
- ☐ M84.48XA to M84.40XA Pathological Fracture, Unspecified Site
- ☐ Other: ________________________________

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

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

comments:

4: Prescription Information

Please escribe the prescription to the pharmacy

Medication	Dose/Strength	Sig	Qty.	Refills
Boniva®	☐ Pre-filled Syringe	☐ Inject 3mg IV over 15-30 seconds every 3 months	3mg/3ml (1 syringe)	
Forteo®	☐ Pen	Inject 20mcg SQ daily	(1 box)	
		☑ **Pen needles**: Use with Forteo daily as directed	30 days supply	
Prolia®	☐ Pre-filled Syringe	☐ Inject 60mg SQ once every 6 months	60mg/ml (1 syringe)	
Reclast® (Zoledronic Acid)	☐ Vial	☐ Infuse 5mg IV, over no less than 15 minutes, every year ☐ Infuse 5mg IV, over no less than 15 minutes, ever two years	1 vial	
Tymlos®	Pen	Inject 80 mcg subcutaneously once daily	(1 box)	
		☑ **Pen needles:** Use with Tymlos daily as directed	30 days supply	

Patient: By signing this form, patient agrees to release his/her PHI to Twin Oaks Specialty Pharmacy for the purpose of medical and pharmaceutical treatment as per HIPAA compliance and to enroll in the pharmaceutical company assisted patient support programs. Patient Signature: Date:

Prescriber Signature: By signing this form, and utilizing our services, you are also authorizing Twin Oak Specialty Pharmacy to serve as your designated agent in dealing with medical and prescription insurance companies and co-pay assistance foundations.

Dispense as written Date Substitution Permissable Date:

IMPORTANT NOTICE: This fax is intended to be delivered only to the named addressee and contains confidential information that may be protected health information under federal and state laws. If you are not the intended recipient, do 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. Pursuant to VA/OH/MO/VT law, only 1 medication is permitted per order form. Please use a new form for additional items.