

AIC Osteoporosis

orosis Fax: 833-808-0833

Patient Information					
Patient Name:	DOB:	_ Height:	Weight:	Patient Cor	ntact #:
Medical Assessment		Failed Medications:			
☐ M81.0 Age related Osteop	eoporosis with current fracture porosis without current fracture	Has the patient tried and failed oral bisphosphonates? If so, which ones and when?			
☐ C61 Malignant Neoplasm☐ C50. ☐ Breast Cancer	t the Prostate	Dexa Scar	n T Score:	Type:	Date:
☐ Other:		Fracture H	History: Site		Date:
**Please include a demographic work, tests, and any other support					
 □ Diphenhydramine □ 25 □ 25 □ Alternate Oral Antihist □ Methylprednisolone □ 	Omg □ 650mg - PO 30 minutes omg □ 50mg - PO 30 minutes mg IVP □ 50mg IVP tamines: □ Cetirizine 10mg □ 40mg IVP □ 125mg IVP or om O □ 40mg PO □ 20mg IVP □ VP □ 4 mg PO	s before infu Loratadine other m	sion. 10mg □ Fexo	fenadine 60m	g or □180mg
Labwork: Allergies:		•	fusion Clinic		ing Provider
Medication Evenity (romosozumab-aqqg) Dosage / Frequency: ☐ Evenity 210mg SQ injections) ection monthly for 12 months	S.		Mainten	ance Refills:
Ibandronate Sodium (generic Dosage / Frequency: ☐ Ibandronate sodium 3 in		ver 15-30 sec	conds every 3		ance Refills:
Prolia (denosumab) Dosage / Frequency: ☐ Prolia 60mg SQ every	6 months			Mainten	ance Refills:
Zoledronic Acid (generic Rec Dosage / Frequency: Zoledronic acid 5mg /	c last) 100ml IV administration sing	gle dose (x1)	over 30 minu		ance Refills:
Physician Prescription Order	<u>*S</u>			_	
Address:Clinic Contact:					
NPI #	Physician Signature:				Date: