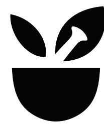
OSTEOPOROSIS REFERRAL FORM
Fax: 270-247-6033
or 270-251-3571



DUNCAN SPECIALTY PHARMACY

1522 Cuba Road
Mayfield, KY 42066
Phone: 270-247-3725

Today's Date: Needs by Date: Ship to: ☐Patient ☐Office ☐Other:

Patient Information		Prescriber Information	
Patient Name:		Prescriber Name:	
Address:		Address:	
City, State, Zip:		City, State, Zip:	
Home & Cell #:		DEA #:	State Lic#:
SSN:		NPI#:	
DOB:	Sex:	Phone:	Fax:
Drug Allergies:		Contact Person:	

INSURANCE INFORMATION: Please fax front & back copy of Medical & Prescription card(s) if possible:

Clinical Information—Statement Of Medical Necessity

Diagnostic Information & Prior Treatment History

Diagnosis: ICD-10 code(s):

T-Score: Type: Date:

Fracture History: Date/Site: Date/Site: Date/Site:

10 year Fracture Risk (%):

PREVIOUS MEDICATION(S)	DURATION/REASON FOR D/C

Prescription Information

✓	MEDICATION		DIRECTIONS	QTY	REFILLS
☐	FORTEO	☐ 600mg/2.4mL	☐ Inject 20mcg SQ once daily as directed	1 pen	
☐	BD Pen Needles (For Forteo)	☐ Pen Needles	☐ For use with Forteo. Use as directed.	100	
☐	PROLIA	☐ 60mg PFS	☐ INITIAL: Inject 300mg SQ once weekly for 5 weeks	1 syringe	
☐	RECLAST	☐ 5mg/100mL			
☐	TYMLOS	☐1 Prefilled Pen	☐ Inject 80mcg SQ once daily as directed	1 pen	
☐					

Revised 05/15/2018

Prescriber Signature: Date:

By signing this form & utilizing our services, you are authorizing Duncan Specialty Pharmacy & its employees to serve as your prior authorization designated agent in dealing with medical & prescription insurance companies. In the event that this pharmacy determines that it is unable to fulfill this prescription, I further authorize this pharmacy to forward this information and any related materials to another pharmacy of the patient's choice or within his/her provider network

<u>IMPORTANT NOTICE:</u> This fax is intended to be delivered only to the named addressee. It contains material that is confidential, privileged, 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 & then destroy this document immediately.