

**FAX completed referral form with other requested information to: (513) 418-2582**

**CALL with questions to: (513) 418-2799**

**Drake: I am referring my patient to you for a Reclast infusion. J code: J-3488**

REFERRING PHYSICIAN'S NAME: \_\_\_\_\_  
REFERRING PHYSICIAN'S PHONE: \_\_\_\_\_  
REFERRING PHYSICIAN'S FAX: \_\_\_\_\_

### PATIENT INFORMATION

PATIENT NAME: \_\_\_\_\_ SS# \_\_\_\_\_

PATIENT ADDRESS: \_\_\_\_\_

PATIENT PHONE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

### **DIAGNOSIS**

Senile Osteoporosis (postmenopausal women/men)

Low-trauma hip fracture

Pathological fracture: Neck of femur

Pathological fracture: Other specified part of femur

Fracture due to injury: Neck of femur

Glucocorticoid-induced osteoporosis

Disorder of bone and cartilage, unspecified (for prevention of PMO)

Prevention of glucocorticoid-induced osteoporosis

Paget's disease of bone (osteitis deformans)

### **ICD-9**

733.01

733.01+733.14

733.01+733.15

733.01+820.0-820.9

733.09+E932.0\*

733.90

Primary Diagnosis code +V58.65

731.0

\*Some payers may require code E932.0 for glucocorticoids causing adverse events in therapeutic use.

THIS PATIENT HAS A CALCULATED CREATININE CLEARANCE OF  $\geq 35$  AND A NORMAL SERUM CALCIUM LEVEL  YES  NO

**(Please fax supporting lab work with referral. Labs need to be within the last 60 days)**

DATE OF LAB RESULTS \_\_\_\_\_

PATIENT CURRENTLY TAKING CALCIUM AND VITAMIN D SUPPLEMENTS  YES  NO

### **INSURANCE INFORMATION**

PRIMARY INSURANCE \_\_\_\_\_ PHONE \_\_\_\_\_

POLICY # \_\_\_\_\_ GROUP # \_\_\_\_\_ POLICY HOLDER \_\_\_\_\_

SECONDARY INSURANCE \_\_\_\_\_ PHONE \_\_\_\_\_

POLICY # \_\_\_\_\_ GROUP # \_\_\_\_\_ POLICY HOLDER \_\_\_\_\_

ALONG WITH REFERRAL FORM FAX  LAB RESULTS  PRESCRIPTION  INSURANCE CARD (FRONT AND BACK)

**PHYSICIAN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

### **FAX BACK CONFIRMATION**

THE ABOVE NAMED PATIENT RECEIVED A RECLAST 5MG/100ML infusion on DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

Comments \_\_\_\_\_

RN SIGNATURE \_\_\_\_\_ PHONE \_\_\_\_\_



## Getting to Drake Center

Drake Center's main campus is located at 151 West Galbraith Road, Cincinnati, Ohio 45216. It is easily accessible from all parts of the Greater Cincinnati area.

**From I-75**, take the Galbraith Road exit and go west one-half mile.

**From Ronald Reagan Cross County Highway**, take the Galbraith Road exit and go west two miles, or take the Galbraith/Winton Road exit and go east one mile.

Free valet parking at the South Pavilion from 7 a.m. - 4:30 p.m. Monday-Friday.



**Enter the South Pavilion entrance around the back of the building.**

**Reclast Infusion Phone #- 513-418-2799  
Reclast Infusion Fax #- 513-418-2582**