

**Order Form**

<b>Patient Name</b>	
<b>DOB</b>	
<b>Address</b>	
<b>Phone</b>	

**Order Status**       New Order       Renewal

<b>Diagnosis</b>	<input type="checkbox"/> Senile Osteoporosis	<input type="checkbox"/> Osteoporosis w/out fracture	<b>Diagnosis Code:</b> _____
	<input type="checkbox"/> Osteoporosis w/fracture	<input type="checkbox"/> Other: _____	

<b>Required Information</b> (Please send labs included in attachment)	<b>Allergies:</b>		
	<b>Dexa Scan (within last 2 years)</b>	Date: _____	Weight: _____
	<b>Serum calcium ____ mg/dL</b>	Date: _____	
	<b>25-Hydroxy Vitamin D level</b>	Date: _____	Height: _____
	<b>CMP (please include lab result documents)</b>	Date: _____	

**Labs**       CMP & 25-hydroxy vitamin D every \_\_\_\_\_       Other: \_\_\_\_\_

**Outpatient Supplement**

Calcium supplement: \_\_\_\_\_ mg/day

Vitamin D supplement: \_\_\_\_\_ IU/day  
(Recommended calcium 1000mg/day and vitamin D 400 IU/day)

<input type="checkbox"/> <b>Prolia 60mg SQ every 6 months</b>	<input type="checkbox"/> Refills: _____
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**Infusion Reaction Medications**      Hypersensitivity Reaction Protocol will be utilized unless otherwise specified.

**Required Documentation**

- H&P or progress note supporting diagnosis
- Medication history
- Recent labs (as above) and/or diagnostic test results

Provider (print name):	Date:
Provider Signature:	NPI:
Office Phone:	Office Fax:

# OUTPATIENT INFUSION CENTERS

## Select an Infusion Center below (check box):

- Glendale Infusion Clinic  
6220 W Bell Road, Glendale AZ 85308
- Osborn NSI Infusion Clinic  
7242 E Osborn Road Ste 340, Scottsdale AZ 85251
- Pima Infusion Clinic  
8405 N Pima Center Parkway Ste 201, Scottsdale AZ 85258

## How to Refer:

- Fax the medication order form along with the selected infusion center form and all necessary documentation to central scheduling and call to set up patient information.
  - Central Scheduling Phone: (623) 434-6138
  - Central Scheduling Fax: (602) 331-5765