

**BONIVA (ibandronate)**

**Status**       New Therapy       Order Renewal       Dosage or Frequency Change

**Diagnosis**  
 ICD 10 Code: M81.0      Age-related osteoporosis without current pathological fracture  
 ICD 10 Code: M80.0      Age-related osteoporosis with current pathological fracture  
 ICD 10 Code: \_\_\_\_\_      Other: \_\_\_\_\_

**Pertinent Medical History**  
 T-Score (if known): \_\_\_\_\_  
 Fracture history:  None     Skeletal site: \_\_\_\_\_ Date: \_\_\_\_\_  
 Prior (Failed or Intolerant) Osteoporosis Therapy (if any):  
 Fosamax     Prolia     Reclast     Forteo     other: \_\_\_\_\_  
 Patient is currently taking Calcium AND Vitamin D supplementation?  YES     NO  
 Patient's weight (most recent): \_\_\_\_\_ lbs / kg (circle one)

**Labs**  
 Serum Creatinine (within past 30 days):      SCr = \_\_\_\_\_      Date: \_\_\_\_\_  
 Creatinine Clearance (must be >30ml/min):      CrCl = \_\_\_\_\_      Date: \_\_\_\_\_  
 Calcium level:      Ca = \_\_\_\_\_      Date: \_\_\_\_\_  
 Labs to be drawn by:     Infusion Clinic       Referring Physician  
 If Infusion Clinic: \_\_\_\_\_

**Medication Order**     Boniva 3mg IVPush every 3 months  
 Refills:     x 1 year     x \_\_\_\_\_ doses     No refills; give this dose only.

**Monitoring**  
 Monitor for signs/symptoms of hypersensitivity during injection and 15 mins post-injection.  
 For any signs of infusion reaction: Contact on-site provider for instruction.

**Additional Orders**

**Physician Information**  
 Physician Name      \_\_\_\_\_      NPI      \_\_\_\_\_  
 Office Contact      \_\_\_\_\_      Phone      \_\_\_\_\_  
 Provider Signature:      \_\_\_\_\_      Date      \_\_\_\_\_

REQUIRED DOCUMENTATION	
<input type="checkbox"/> Patient Demographics & Insurance Information:	- Copy of patient's insurance card – front and back
<input type="checkbox"/> Clinical / Progress Notes, supporting primary diagnosis:	- 2 most recent office notes - Medication history
<input type="checkbox"/> Most Recent Labs:	- CMP and CBC - DEXA scan (-2.5T score or more severe)

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