

Bone Health Services

Please complete information below and FAX to (513) 420-8824; we will call the patient and schedule.

Patient Name: _____ Date of Birth: _____

Patient Phone Number(s): home _____ work/mobile _____

Referring Physician: _____

Signature of Physician: _____

NPI# _____ Medicaid ID# _____

Office Address: _____ City: _____

Zip: _____ Phone: () _____ Fax: () _____

Copy of patient insurance card attached or list insurance:

COMPREHENSIVE BONE HEALTH EVALUATION

(A consultation for evaluation of low bone mass; includes history/physical, DXA/labs as needed, treatment plan)

- | | | |
|--|--|--|
| <input type="checkbox"/> Fracture
(hip, wrist, pelvis, spine) | <input type="checkbox"/> Osteoporosis/Osteopenia
(including failure of therapy) | <input type="checkbox"/> Kypho/Vertebroplasty |
| <input type="checkbox"/> Corticosteroid use | <input type="checkbox"/> Prostate Cancer/hormonal Rx | <input type="checkbox"/> Breast CA/Aromatase inhibitor |
| <input type="checkbox"/> Post-Stroke/Immobilization | <input type="checkbox"/> Frequent Falls | <input type="checkbox"/> Anticonvulsant therapy |
| <input type="checkbox"/> Inflammatory Bowel | <input type="checkbox"/> Celiac Disease | <input type="checkbox"/> Cirrhosis |
| <input type="checkbox"/> Chronic Kidney Disease | <input type="checkbox"/> Organ Transplant | <input type="checkbox"/> Male Osteoporosis |
| <input type="checkbox"/> Other: _____ | | |

Please include any labs or imaging done within the last year

If the patient has had previous DXA scans, please include reports AND images

RECLAST® (Zoledronic acid) Intravenous Therapy

Reclast Intravenous Therapy Only (we will check benefits and schedule, send recent Calcium and creatinine lab reports)

Consultation and Reclast infusion services

* Indication: 733.01 Senile Osteoporosis (Postmenopausal women/men) 731.0 Paget's

DXA Bone Density Testing DXA and Vertebral Fracture Assessment (VFA)

- | | |
|---|--|
| <input type="checkbox"/> 733.01 Postmenopausal Osteoporosis | <input type="checkbox"/> 733.09 Osteoporosis (other) |
| <input type="checkbox"/> 733.90 Osteopenia | <input type="checkbox"/> V49.81/V82.81 Postmenopausal Status/Screening for Osteoporosis |
| <input type="checkbox"/> 733.19/(733.13) Fracture/(Vertebral) | <input type="checkbox"/> V67.59 Monitoring Treatment Response |
| <input type="checkbox"/> 627.2 Menopause with symptoms | <input type="checkbox"/> 256.2 Ovarian failure (surgical, ablative) |
| <input type="checkbox"/> V58.65 Long term use of steroids | <input type="checkbox"/> V58.69 Long term use of meds associated with low bone mass [anticonvulsants, aromatase inhibitors, GnRH agonists (Lupron®, Zoladex®, Viadur®, Trelstar®)] |
| <input type="checkbox"/> 257.2 Hypogonadism | |
| <input type="checkbox"/> 252.01 Primary Hyperparathyroidism | |
| <input type="checkbox"/> 588.0 Renal Osteodystrophy (CKD-MBD) | <input type="checkbox"/> Other: _____ |