Palmetto INFUSION®

Phone: 1-800-809-1265 Fax: 1-866-872-8920

Referral Status:		MRN:
☐ New referral	☐ Order change	☐ Order Renewal
Patient preferred clinic:		

Boniva® (ibandronate sodium) Standard Plan of Treatment

PATIENT DEMOGRAPHICS:

Date of Referral:	Patient's Phone:
Patient Name:	Address:
Date of Birth:	City, State, Zip:
Height in inches: Weight: LB or KG	Gender: Allergies: ☐ See list ☐ NKDA

DIAGNOSIS: (PLEASE COMPLETE 2ND AND 3RD DIGITS TO COMPLETE ICD 10 FOR BILLING)

- ☐ M81.0 - Age-related Osteoporosis without current fractures
- ☐ M80.___ - Age related Osteoporosis with fractures
- ☐ ________ - Other:

REQUIRED DOCUMENTATION:

1	Insurance information
2	Most recent History & Physical
3	Full medication list
4	Tried and failed therapies
5	BMP results within last 30-60 days

PREVIOUS ADMINISTRATION: HAS THIS PATIENT TAKEN THIS MEDICATION BEFORE?

IF NO:	IF YES:
PLEASE STATE REQUIRED WASHOUT FROM PREVIOUS THERAPY:	LAST INJECTION DATE:
	NEXT INJECTION DATE:

IF ORDER CHANGE:

☐ **Continue current order until insurance approved**

MEDICATION ORDERS:

NOTE: Patient may be ineligible to receive ibandronate sodium if is less than 30 mg/mL or is the serum calcium is subtherapeutic. Pre-existing hypocalcemia must be corrected prior to initiating therapy. A routine oral exam is recommended to be performed by the prescriber prior to start of Ibandronate sodium treatment.

DOSE/FREQUENCY:

☐ Ibandronate sodium (generic for Boniva®) 3 mg IV push administration over 5-30 seconds every 3 months (no less than every 12 weeks)

☐ Other:____

SPECIAL ORDERS:

☐ ____

LAB PARAMETERS NEEDED PRIOR TO EACH DOSE: (Pharmacist to perform clinical lab monitoring)

Creatinine Clearance <30mg/mL: dose will be held unless written clearance is provided by MD

☐ Prescriber clearance waived for recent or planned dental procedures.

☑ Refills x 12 months unless noted otherwise here:

NURSING ORDERS:

- ☑ Start PIV/Access CVC
- ☑ Flush device per facility standard flushing procedure
- ☑ Provide nursing care per Palmetto Infusion Nursing Procedures and post procedure observation if indicated

ADVERSE REACTION & ANAPHYLAXIS ORDERS:

Administer acute infusion and anaphylaxis medications per Palmetto Infusion standing adverse reaction orders, which can be found at our website or scan here.

PRESCRIBER INFORMATION:

PROVIDER NAME:	PHONE:
ADDRESS:	FAX:
CITY, STATE, ZIP:	NPI:

PRESCRIBER SIGNATURE: (No stamp signatures) DATE

Dispense as written/Brand medically necessary	Substitution permitted	