

BONIVA (Ibandronate) IVP

****REQUIRED INFORMATION****

- This signed order form from the provider
- Patient demographics & insurance information
- Dexa Scan (-2.5 T score or more severe)
***if no -2.5 T score, please send history of fracture documentation*
- Documentation to support primary diagnosis
(Clinical/progress notes, other medications tried & failed, labs, diagnostic tests, etc.)
- Required Labs:** CMP/BMP within 30 days, Vit D within a year

Patient Name:	DOB:
Allergies:	Patient Phone:

Diagnosis ICD-10: Senile Osteoporosis (ICD-10: _____) Paget' s disease of bone (ICD-10: _____)
 Glucocorticoid-induced osteoporosis (ICD-10: _____) Other (ICD-10: _____)

J Code: J1740

BONIVA IVp ORDERS

Patient Wt. _____ kg

- *Patient is currently taking calcium/vitamin D supplementation YES NO
- Boniva 3mg IVp every 3 months

Additional Instructions:

Physician Name:	Phone:	Fax:
**Physician Signature:	Date:	