

Allergy, Asthma & Immunology Center, P.C. Infusion Services

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Have a Question? (855) 478-1528

NOTES/ADDITIONAL COMMENTS:

| Benefits Verification Only | ewal Medication/Order Change Discontinuation Order | Location |
|--|--|-------------------------|
| PATIENT INFORMATION | | Oklahoma |
| NAME*: | DOB*: SEX: M F | - Tulsa |
| ADDRESS: | PHONE: | |
| WEIGHT: LBS KG HEIGHT: | EMAIL: | |
| ALLERGIES: | | |
| PHYSICIAN IN | NFORMATION | |
| PHYSICIAN NAME*: | PRACTICE NAME: | |
| ADDRESS: | OFFICE CONTACT*: | |
| PHONE: FAX: | EMAIL (FOR UPDATES): | <u>]</u> |
| EVENITY ORDER*: | ICD-10*: | |
| (SELECT ONE OF THE FOLLOWING) | 1CD-10 . | |
| Patient is taking a minimum of Calcium 1000mg | and Vitamin D 400IU daily: Yes No Date*(Order is Valid for One Year) Infusion will be administered per policy and protocols | |
| 7 | Infusion will be administered per policy and protocols | |
| REQUIRED DIAGNOSIS: | REQUIRED DOCUMENTATION CHECKLIST: | |
| Osteoporosis Osteoporosis Postmenopausal Other | Patient Demographics | |
| | Insurance Card/Information | |
| | Clinical/Progress Notes supporting DX | |
| | | |
| | Current Medication List and H&P | |
| *STAT REASON: | Dexa Results *if no -2.5 T score, please | no -2.5 T score, please |
| (STAT request will be | send history of fracture documentation | |
| assessed per MPP policy and protocols) | Normal Calcium Level within 90 days of first injection | |
| | Patient has not had a myocardial infarction or stroke within the | |
| | preceding year | |
| Last Infusion/Injection Date: | | |

REVISION DATE- 6/2020