

PATIENT INFORMATION		PRESCRIBER INFORMATION	
Patient Name:		Prescriber Name:	
Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female	DEA:	NPI
SSN:		Address:	
Address:		City, State, Zip Code:	
City, State, Zip Code		Phone	Fax:
Phone:		Contact Person:	

INSURANCE INFORMATION	CLIENT INFO
Please fax a copy (front and back) of patients current active Insurance and ID cards.	Weight : _____ Height: _____

**CLINICAL INFORMATION - Please provide most recent lab reports**

**Diagnosis:**

Senile Osteoporosis M81.0 \_\_\_\_\_ Fracture History \_\_\_\_\_ Location: \_\_\_\_\_

Osteoporosis M81.8 \_\_\_\_\_ T- Score \_\_\_\_\_ Other Risk Factors: \_\_\_\_\_

**History of Prior Therapy**

<input type="checkbox"/> Alendronate	<input type="checkbox"/> Fosamax	<input type="checkbox"/> Reclast
<input type="checkbox"/> Boniva	<input type="checkbox"/> Actonel	<input type="checkbox"/> Steroids
<input type="checkbox"/> Atelvia	<input type="checkbox"/> Miacacin NS	<input type="checkbox"/> Other _____

Reason for discontinuing previous therapy: \_\_\_\_\_

Contraindications: \_\_\_\_\_

Other patient medical information (such as supplements {list}): \_\_\_\_\_

MEDICATION	STRENGTH	SIG / DIRECTIONS	QTY	REFILLS
<input type="checkbox"/> FORTEO	600 mcg / 2.4 mL PFS	Inject 20 mcg SQ QD	2.4 ml	
<input type="checkbox"/> Pen Needles	31 Gauge 5 mm	Use daily as directed with Forteo	100	
<input type="checkbox"/> Alcohol Swabs		Use daily as directed with Forteo	100	
<input type="checkbox"/> Other				

**Prescription Information**

By signing below, the prescriber gives consent to both, the prescription(s) above, as well as to Bella Vida Pharmacy to act as the prescriber's agent to begin and execute the prior authorization process and to help the patient apply to co-pay assistance programs, including all foundations and manufacturer assistance programs if necessary.

Prescriber Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**1039 West Carson Street**  
**Torrance, CA 90502**  
**Phone: 310-320-3333**  
**Fax: 310-320-3334**

email us: [tech@BellavidaPharmacy.com](mailto:tech@BellavidaPharmacy.com)