

North Texas Specialty Pharmacy and Infusion Centers

3409 Worth St. Sammons Ste.710 Dallas, TX 75246 (214)823-2533 FAX (214)887-0436 www.NTISP.org

Reclast® (zoledronic acid) Enrollment Form

Patient Information

Last Name		First Name	MI
Street Address	City	State	Zip Code
Phone (daytime)	Phone (cell)	Date of Birth	Sex

Primary Insurance Information Secondary Insurance Information Pharmacy Insurance Card

Insurance Name		Insurance Name	Insurance Name	
Cardholder Name	SSN	Cardholder Name	SSN	Member ID
Group / Policy Number	Group / Policy Number	BIN Number	Group Number	

Physician Information

Physician Name		Contact Person	
Street Address	City	State	Zip Code
Physician DEA Number	Phone Number	Fax Number	

Statement of Medical Necessity : PLEASE INCLUDE A COPY OF CHART DOCUMENTATION OF DIAGNOSIS CODES

Osteoporosis (T-score >-2.5) ICD-9 Code: 733.01 Paget 's disease ICD-9 Code: 733.0

Secondary diagnostic coding: 995.29 Unspecified adverse effect of other drug, medicinal or biological substance 710.1 Systemic sclerosis

V45.72, V45.75 Acquired absence of intestine, stomach V49.84 Bed confinement status 530.3 Stricture and stenosis of the esophagus

530.20-530.21 Ulcer of the esophagus V12.79 Personal History of other digestive system disease 530.0 Achalasia or cardiospasm

Medical History : Please send copy of current labs (Labs drawn within 90 days)

Patient Weight: _____ Height: _____ Patient previously treated with oral: Yes - dates: _____

Creatinine clearance > 35ml/min Yes Lab Calcium level >8.3 mg/dl Yes Lab draw date _____

Lab Draw Orders NO CURRENT LABS PLEASE DRAW BMP

Prescription Orders

Reclast® (zoledronic) (quantity 1 bottle of 5mg/100ml vial) please include infusion supplies

Dispense as written Substitution allowed

Infuse by peripheral IV over 15 mins Reclast Refills: _____ times

Premeds: Acetaminophen 650 mg PO Other _____ Premeds Refill: _____ times

Allergies: _____

Physician's signature _____

Date _____

Fax completed from to (214) 887-0436.

Insurance / Clearance questions call (214) 276-5642 or e-mail mike.ellis@ntisp.org. Pharmacy / Clinical questions call (214) 276-5623. Include following the following documents when faxing the enrollment form: pt's insurance card(s) front & back, Pharmacy Benefit Card, lab work, letter of medical necessity and any other documentation supporting the use of Reclast. .

Patient's Preferred Infusion Center Location: Downtown Dallas NorthPark

Updated 06/30/2010