METIER PHARMACY CO.
Pharmacy Unscripted

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Ship To: ☐ Patient ☐ Physician/Clinic Date Shipment Needed: _____ **Rx:** ☐ New ☐ Refill _____

PATIENT INFORMATION

Patient's Full Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Alt. Phone: _____

Patient SS#: _____

DOB: _____

Allergies: _____

Gender: ☐ Male ☐ Female

Primary Insurance: _____

ID#: _____ Phone: _____

Secondary Insurance: _____

ID#: _____ Phone: _____

PLEASE FAX COPY OF INSURANCE CARD (FRONT & BACK)

PATIENT MEDICAL HISTORY

ICD-10 Code:

Date of Osteoporosis Diagnosis:

DEXA T-score (worst sites):

Previous Fracture(s): ☐ Yes or ☐ No

Site of Fracture(s):

Others:

Prior Failed Medications	Duration
Fosamax (alendronate)	
Actonel (risdronate)	
Miacalcin Nasal Spray	
Evista (raloxifene)	
Boniva	
Reclast	

If known, provide T-score BEFORE & AFTER treatment with above listed medication(s)

T-Score at Baseline (with date): _____

T-Score After (with date): _____

Is patient unable to tolerate bisphosphonoates (alendronate or riscronate)? _____

MEDICATION	DOSE/STRENGTH	SIG	QTY.	REFILLS
Forteo	☐ 600 mcg/2.4ml PFS	☐ Inject 20mcg SC as directed ONCE a day		
Pen Needles	☐ 31 gauge ☐ 4mm ☐ 5mm ☐ 6mm			
Prolia	☐ 60 mg Prefilled Syringe	☐ Inject 60mg SC ONCE every 6 months at MD Office		
Reclast	☐ 5 mg / 100 ml	☐ Infuse 5 mg IV every 12 months		
Boniva	☐ 3 mg / 3 ml	☐ Infuse 3 mg IV every 3 months		

Other

Prescriber Information

Prescriber Name (Please Print): _____ NPI#: _____

Address: _____ License#: _____

City, State, Zip: _____ DEA#: _____

Phone: _____ Fax: _____ Contact Name: _____

Prescriber's Signature: _____ Date: _____

I authorize Metier Pharmacy and its representatives to act as an agent to initiate and execute the insurance prior authorization process.

-This prescription form is valid only if faxed directly by the prescriber or his/her authorized representative. Original prescription drug orders can only be accepted directly from the patients.
-The prescriber attests that he/she has advised the patient with the option of choosing a pharmacy of his/her choice.