



Gabrail
Cancer &
Research
Center

RECLAST REFERRAL FORM

Patient Name: _____ DOB: _____

Address: _____ Phone: _____

- Diagnosis: Osteoporosis (M 81.0)
 Osteopenia (M 89.9)
 Pager's disease (M88.0)
 Glucocorticoid-induced Osteoporosis – Treatment (M81.8 + Z79.51)
 Glucocorticoid-induced Osteoporosis – Prevention ____ * {primary dx} + Z79.51
(*Please provide the diagnosis code for the disease for which the patient is being treated.)

Referring Physician _____

Primary Insurance

Company _____

ID# _____ Group# _____

Cardholder Name. _____

If patient is not cardholder, relationship? _____

Secondary Insurance (if applicable)

Company _____

ID#- _____ Group# _____

Cardholder Name. _____

If patient is not cardholder relationship? _____



RECLAST INFUSION CENTER INFORMATION

- Referrals are accepted from physicians via Gabrail Cancer Center Referral Forms or by calling the office
- Appointments can be scheduled by either the physician's office staff or patient
- Patients can be scheduled within 3 days of the referral
- Gabrail Cancer Center accepts Medicare Part B and most insurances
- Gabrail Cancer Center staff will obtain all pre-certifications and prior authorizations from insurance companies
- Gabrail Cancer Center will fax documentation to the referring physician upon completion of the infusion

If you prefer to fax the referral, please include the following:

- Demographic page (including insurance information)
- Completed referral page
- Lab results (including Vitamin D level)
- Last 2 visit notes
- Current medication list
- Bone Density Report

We will call the patient to schedule the appointment once we obtain the authorization from the patient's insurance.