



Gabrail  
Cancer &  
Research  
Center

## PROLIA REFERRAL FORM

Patient Name \_\_\_\_\_ Phone# \_\_\_\_\_

- Diagnosis:**  Osteoporosis (M81.0) **AND** for intolerance to other available osteoporosis therapy
- Chronic Kidney Disease - Stage III 30-59 moderate (N18.3)
  - Chronic Kidney Disease - Stage IV 15-29 severe (N18.4)
  - Chronic Kidney Disease - Stage V <15 failure (N18.5)
  - Late effect of adverse effect of drug, medical or biological substance (T50905.S)
  - History of allergy to other specified medicinal agents (Z88.8)
  - Personal history of other drug therapy (Z922.9)

**OR**

- Diagnosis:**  Osteoporosis (M81.0) **AND** for high risk of fracture
- Convulsive Epilepsy; Generalized (G403.09)
  - Hemiplegia affecting unspecified side (I699.59)
  - Hemiplegia affecting non-dominant side: left (I699.54), right (I699.53)
  - Monoplegia of lower limb affecting no side (I699.49)
  - Monoplegia of lower limb affecting dominant side: left (I699.42), right (I699.4I)
  - Other Paralytic Syndrome affecting unspecified side (I699.69)
  - Other Paralytic Syndrome affecting dominant side: left (I699.62), right (I699.61)
  - Other Paralytic Syndrome affecting non-dominant side: left (I699.64), right (I699.63)
  - Ataxia (I699.93)
  - Vertigo (I699.98)
  - Sequelae of unspecified CVA (I699.0)
  - Pathological fracture; unspecified site (M8440.XA)
  - Pathologic fracture of humerus (M8442.9A)
  - Pathologic fracture of distal radius and ulna (M8443.9A)
  - Pathologic fracture of vertebrae; initial encounter for fracture: pathological fracture (M8448.XA), age-related osteoporosis w/ current pathological fracture, vertebra(e) (M8008.XA), pathological fracture in other disease (M8468.XA), collapsed vertebra (M4850.XA)
  - Pathologic fracture of neck of femur (M8445.9A)
  - Pathologic fracture of other specified part of femur (M8445.3A)
  - Pathologic fracture of tibia or fibula (M8446.9A)
  - Pathologic fracture; initial encounter: unspecified shoulder (M8441.9A), unspecified toes (M8447.9A), other site (M8448.XA)
  - Febrile Convulsions (R560.0)
  - Complex febrile convulsions (R560.1)
  - Seizure/ Convulsions NOS (R56.9)
  - Gait Disturbance: ataxic (R26.0), paralytic (R26.J), other abnormalities; mobility (R268.9), unspecified abnormalities; mobility (R36.9)
  - Lack of coordination: ataxia; unspecified (R27.0), other (R27.8), unspecified (R27.9)
  - Other Specified Conditions influencing health status (Z78.9)

Patient Name \_\_\_\_\_ Phone# \_\_\_\_\_

Referring Physician \_\_\_\_\_

SS# \_\_\_\_\_ DOB \_\_\_\_\_

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? \_\_\_\_\_

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.