

# Boniva® (ibandronate sodium) Referral Form



**Patient Preferred Clinic** (select one):

## PATIENT INFORMATION

**Referral Status:**  New Referral  Updated Order  Order Renewal

DOB: \_\_\_\_\_ Patient Name: \_\_\_\_\_ Patient Phone: \_\_\_\_\_  
Patient Address: \_\_\_\_\_ Patient Email: \_\_\_\_\_  
 NKDA Allergies: \_\_\_\_\_ Weight (lbs/kg): \_\_\_\_\_ Height: \_\_\_\_\_  
ICD-10 code (required): \_\_\_\_\_ ICD-10 description: \_\_\_\_\_ Last Treatment Date: \_\_\_\_\_ Last 4 SSN: \_\_\_\_\_

## PROVIDER INFORMATION

Referral Coordinator Name: \_\_\_\_\_ Referral Coordinator Email: \_\_\_\_\_  
Ordering Provider: \_\_\_\_\_ Provider NPI: \_\_\_\_\_  
Referring Practice Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Practice Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## NURSING

Infusion to be administered per Vivo protocols.

## LABORATORY ORDERS

CBC  at each dose  every \_\_\_\_\_  
 CMP  at each dose  every \_\_\_\_\_  
 CRP  at each dose  every \_\_\_\_\_  
OTHER \_\_\_\_\_

## PREMEDICATIONS

acetaminophen (Tylenol)  500mg /  650mg /  1000mg PO  
 cetirizine (Zyrtec) 10mg PO  
 loratadine (Claritin) 10mg PO  
 diphenhydramine (Benadryl)  25mg /  50mg  PO  IV  
 methylprednisolone (Solu-Medrol)  40mg /  125mg IV  
 hydrocortisone (Solu-Cortef)  100mg IV  
Other: \_\_\_\_\_  
Dose: \_\_\_\_\_ Route: \_\_\_\_\_  
Frequency: \_\_\_\_\_

## BONIVA THERAPY ADMINISTRATION

3 mg IV every 3 months

## REQUIRED DOCUMENTATION

Patient Demographics

Insurance Card/Information

Progress Notes Supporting DX

Current Medication List and H&P

DEXA Results (within 2 years)

Serum Calcium (within 12 months)

Serum Creatinine (within 12 months)

Patient is taking Calcium/Vitamin D

\*Consider administering premedication for prophylaxis against infusion reactions and hypersensitivity reactions. \*\*Order is valid for one year unless otherwise noted.\*\*

Provider Name (Print) \_\_\_\_\_ Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

## Fax Numbers

Virginia: 804-500-5941 Nevada: 702-489-5744 Massachusetts: 800-540-1852  
Colorado: 303-418-4679 New Jersey: 609-955-3711 Pennsylvania: 215-399-9244  
Florida: 904-930-4211 Ohio: 216-400-0674 New York: 800-540-1852  
Texas: 469-340-0044 Oklahoma: 918-770-4421 Connecticut: 203-724-4838

**Have a Question? (720) 902-4111**  
**Email Referrals To: [referrals@vivoinfusion.com](mailto:referrals@vivoinfusion.com)**  
**Email Specialty Referrals to:**  
**[info@specialtyinfusion.com](mailto:info@specialtyinfusion.com)**