

# BONE AND JOINT HEALTH REFERRAL FORM

www.albertsons.com/specialtycare • Phone: 877.466.8028 • Fax: 877.466.8040



Patient Information

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex:  M  F  
 Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 ICD-10 Diagnosis Code: \_\_\_\_\_ Diagnosis: \_\_\_\_\_  
 Allergies (please note reaction): \_\_\_\_\_  Latex  
 Current Medications: (list here or attach a medication list): \_\_\_\_\_  
 Comorbidities: (list here or attach a list): \_\_\_\_\_

## INSURANCE INFORMATION - FAX COPY OF PATIENT'S INSURANCE CARD

Prescription Information

MEDICATION	STRENGTH	DIRECTIONS	QUANTITY	REFILLS
<input type="checkbox"/> Euflexxa (sodium hyaluronate)	20mg/2mL Prefilled Syringe	Inject 20mg (2mL) once weekly for 3 weeks.	6mL	
<input type="checkbox"/> Forteo (teriparatide)	600mcg/2.4mL Pen	Inject 20mcg subcutaneously every day as directed.	1 pen	
<input type="checkbox"/> WITH Pen Needles	32 gauge 4mm	Use with Forteo daily as directed.	30 pens	
<input type="checkbox"/> Prolia (denosumab)	60mg/mL Prefilled Syringe	Inject 60mg subcutaneously every 6 months.	180-day supply	
<input type="checkbox"/> Tymlos (abaloparatide)	3120mcg/1.56mL Pen-injector	Inject 80mcg subcutaneously once daily.	28-day supply	
Other Medication Name:				

Treatment History:  New to Therapy  Continuation of Therapy

Prescriber Information

Prescriber Name: \_\_\_\_\_  
 State License #: \_\_\_\_\_ DEA #: \_\_\_\_\_ NPI: \_\_\_\_\_  
 Additional Contact Person Name: \_\_\_\_\_  
 Group or Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Prescriber Signature: \_\_\_\_\_  
 Product Substitution Permitted \_\_\_\_\_ Dispensed as Written \_\_\_\_\_ Date \_\_\_\_\_

The prescriber is to comply with state specific prescription requirements such as e-prescribing, state specific prescription form, fax language, etc. Non-compliance with state specific requirements could result in outreach to the prescriber.

Delivery Information

Ship to Patient  Ship to Prescriber/Clinic  Pick up at Albertsons Companies Pharmacy

Date Medication Needed: \_\_\_\_\_

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It's as simple as caring.

Ph. 800-834-8778  
 Fax 877-466-8040

E-Scribe Information:  
 Albertsons/Safeway Pharmacy • 12874 E. Florence Ave.  
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