The Outpatient Infusion Center
a Service of Comanche County Memorial Hospital

Phone: 580-250-5899
Fax: 580-585-5472

RECLAST ORDER FORM

PATIENT INFORMATION

Last Name: _____ First Name: _____ MI_____
HT: _____ WT: _____ DOB: _____ Sex :( ) Male ( ) Female SSN:_____
Street Address_____ City/State/Zip _____
Home Phone # _____ Work # _____ Cell # _____

INSURANCE INFORMATION

Primary Insurance Name_____ Policy ID# _____
Secondary Insurance Name_____ Policy ID# _____

PHYSICIAN/FACILITY INFORMATION

Physician's Name_____ Contact Name _____ Contact Phone # _____
Address _____ City/State/Zip_____Fax #:_____
DEA# _____ NPI # _____ State License # _____

STATEMENT OF MEDICAL NECCESITY

Primary Diagnosis (ICD 10 code AND CPT code) _____
Secondary Diagnosis (ICD 10 code AND CPT code) _____

MEDICAL INFORMATION

Does the patient have venous access? ☐ Yes ☐ No If yes, what type? _____
Is the patient incontinent? ☐ Yes ☐ No Comments: _____
Is the patient ambulatory? ☐ Yes ☐ No Comments: _____

>ALL MEDIPORTS/IV WILL BE ACCESSED AND FLUSHED WITH SALINE & HEPARIN PER HOSPITAL PROTOCOL
>50 mL BAG OF NORMAL SALINE WILL BE HUNG TO CLEAR ALL PATIENT LINES

PRESCRIPTION ORDERS:

ADMINISTER RECLAST 5MG/100mL IV
OVER NO LESS THAN 15 MINUTES ONE TIME A YEAR
Flushes: ☐10mL NS Flush Syringe PRN ☐Heparin 500units/5mL Flush Syringe PRN ☐50mL NS PRN

INCLUDE COPIES OF THE FOLLOWING:

BMP WITHIN THE LAST 30 DAYS – OTHERWISE ONE WILL BE DRAWN
BONE DENSITY/DEXA SCAN WITHIN THE LAST 2 YEARS – OTHERWISE ONE WILL BE PERFORMED PRIOR TO THE DATE OF SERVICE
OFFICE NOTES SUPPORTING THE DIAGNOSIS OF OSTEOPOROSIS/OSTEOPENIA DATED WITHIN THE LAST 2 YEARS
H&P DATED WITHIN THE LAST 2 YEARS
PRIOR MEDICATIONS USED TO TREAT THE DIAGNOSIS OF OSTEOPOROSIS/OSTEOPENIA

Labs Needed: **BMP– UNLESS PROVIDED**

Provider's Signature:_____Date:_____ Time:_____

Fax completed form to the Outpatient Infusion Center at 580-585-5472. PLEASE include copies of: H&P, OFFICE NOTES, LABS, ACTIVE MEDICATION PROFILE, LETTER OF NECESSITY or any other documentation supporting the use of infusion therapy, and ALL current insurance information for your referral to be processed.