



# Boniva (ibandronate) Order Form

Select patient referral location: Anchorage Palmer Fairbanks

Please fax or securely email to 1-907-921-7669 or RX@luxinfusion.com.  
For new referrals, please **include recent labs and last two office visit notes.**  
Clinic Phone Number: 1-907-744-1944 · luxinfusion.com

| 1. PATIENT INFORMATION                            |                                |
|---|--------------------------------|
| Name:   | DOB:                           |
| Home phone:                                       | Other phone:                   |
| Email:  |                                |
| Social Security #:                                | Allergies:                     |
| Gender: M F                                       | Weight:                        |
| Patient Status: New to therapy Continuing therapy | Next due date (if applicable): |

| 2. PHYSICIAN INFORMATION |             |
|--------------------------|-------------|
| Physician's Name:        | NPI#:       |
| License #: TIN#:         | DEA#:       |
| Address:                 |             |
| City:                    | State: Zip: |
| Office contact:          | Email:      |
| Office phone:            | Office fax: |

| 3. DIAGNOSIS INFORMATION (and year of diagnosis) |                             |
|--|-----------------------------|
| Senile osteoporosis, postmenopausal osteoporosis | ICD 10 ( ) Other (specify): |

| 4. INSURANCE INFORMATION  |  |
|---|--|
| Please submit copies of the front and back or primary and secondary insurance cards with this referral. |  |

| 5. PRESCRIPTION INFORMATION (requires new order every 12 months)                                |  |
|---|--|
| <b>BONIVA (IBANDRONATE)</b>   | <b>PRE-MEDICATIONS</b> N/A   |
| Administer 3mg Boniva (Ibandronate) IV over 15-30 seconds every 3 (three) months x 1 (one) year | Acetaminophen 500mg 650mg 1000mg PO                                |
| Vital signs per LUX Protocol  | Cetirizine (Zyrtec) 10mg PO (or other non-sedating anti-histamine) |
| Anaphylaxis & Hydration Management per Lux Protocol   | Diphenhydramine (Benadryl) 25mg 50mg PO IV (requires driver)       |
|   | Methylprednisolone (Solu-Medrol) 40mg 80mg 125mg IV                |
|   | Prednisone _____ mg PO   |
|   | Other: _____   |
|   | <b>POST-MEDICATIONS</b> N/A  |
|   | Acetaminophen 500mg 650mg 1000mg PO                                |
|   | Prednisone _____ mg PO   |
|   | Other: _____   |

## 6. SIGNATURE (required)

PHYSICIAN'S SIGNATURE DATE