



PARIS ORTHOPEDICS AND SPORTS MEDICINE

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Osteoporosis Referral Form

When referring, please include demographics and insurance, office notes that include prior failed therapies, DEXAs, most recent labs (including CMP, TSH, PTH, & Vit D) or fill in the form below.

Patient Name: _____ DOB: _____

Is patient being referred for treatment with a *specific agent*? Please indicate:

Forteo ____ Tymlos ____ Prolia ____ No preference ____

Lowest DXA T- score and site: _____

Please list prior failed osteoporosis treatments.

Most recent labs including (6 months):

Calcium _____ Creatinine _____

Vit D _____ GFR _____

PTH _____ None recent _____

Special instructions or other relevant information _____

Please contact Carmen or Angela with questions. 903-737-0000.