

**Edward Cancer Centers**

120 Spalding Drive; Suite 111; Naperville, IL 60540  
Phone: 630/527-3788 Fax: 630/548-6617

24600 West 127<sup>th</sup> Street; Plainfield, IL 60585  
Phone: 630/527-3788 Fax: 630/548-6617

**Boniva Injection Standing Orders**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**\*\*\*Please include current history and physical and any recent labs/tests, if applicable\*\*\***

**\*PLEASE ATTACH COPY OF INSURANCE CARD WITH THIS ORDER\***

**Pre-Authorization # or Call Reference #:** \_\_\_\_\_  
(Ordering Physician Office is Responsible to Obtain Authorization/Referral)

**Contact Name & Phone Number of Insurance Co:** \_\_\_\_\_

If you have any questions regarding pre-authorizations, please contact (630) 527-3788 and ask for the billing department.

**Diagnosis:** Please check one diagnosis from primary codes and one diagnosis from secondary codes (required by insurance for reimbursement)

**PRIMARY CODES (REQUIRED)**

- |                                                                             |                                                                               |
|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <input type="checkbox"/> Senile Osteoporosis (requires secondary diagnosis) | <input type="checkbox"/> Hypercalcemia                                        |
| <input type="checkbox"/> Other Osteoporosis (requires secondary diagnosis)  | <input type="checkbox"/> Secondary malignant neoplasm of bone and bone marrow |

**SECONDARY CODES (REQUIRED)**

- |                                                                                                       |
|-------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Unspecified adverse effect of other drug, medicinal and biological substance |
| <input type="checkbox"/> Personal history of other specified digestive system diseases                |

**Dosing Guidelines**

- Boniva Injection 3mg intravenously every 3 months

**Pre-Infusion Requirements:**

This patient has a calculated creatinine clearance of greater than or equal to 30ml per minute and a normal serum calcium level. **(Labs must be done within 2 weeks of infusion.)**

Yes  No **Date of Lab Results (Please attach copy)** \_\_\_\_\_

Required lab work prior to Boniva may be done at Cancer Center on day of infusion:

Yes  No

Patient currently taking calcium and Vitamin D supplements

Yes  No

**\*NOTE: Patients must be off oral bisphosphonates (Fosamax, Boniva, etc.) for one month prior to start of Boniva**

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Ordering Physician NPI:** \_\_\_\_\_ **Edward Hospital NPI:** 1427069632

**Physician Name (Please Print)**

**Office Phone**

**Fax Number**

Revision/Review Date: 02/23/18