

Bone Health Clinic
3708 Northside Drive, Building B
Macon, GA 31210-2404
Phone: 478-745-4206, extension 754
Fax: 478-741-9657



Bone Health Clinic Referral Form

Date: _____

Referring Provider/Office: _____

Office Contact Name: _____

Phone #: _____ Fax #: _____

Patient: _____ Male / Female

Patient Date of Birth: _____ Patient Phone #: _____

Patient Currently on OR history of taking:

Prolia Forteo Evenity Fosamax Boniva Reclast

New Start: _____ OR Last Medication Administration Date: _____

Were the attached DEXA / bone density reports performing by the referring provider? Yes / No

Were the attached labs performed by the referring provider? Yes / No

Notes:

Please fax this completed form and the following information to 478-741-9657

_____ Patient demographics / information sheet

_____ Insurance cards

_____ Last office visit note

_____ Most recent DEXA / bone density reports, if available

_____ Bone Health Clinic required labs (results within the past 6 weeks): CMP (to include CA, ALP), PTH, TSH, Vitamin D

Thank you for your referral!