Physician Communication
Post-Fragility Fracture Care

Please complete this form for each patient treated with a fragility fracture. Fax it to the patient's primary care physician – see Section 4.

Section 1 – Patient demographic information

1. Insurance carrier	2. Member ID number	3. Date of birth (mm/dd/yyyy)
4. Patient's name (first, middle initial, last)		
5. Patient's address (include street, city, state, ZIP)		

Section 2 – Patient clinical information

1. Location of fracture	2. CPT code	3. Date of fracture (mm/dd/yyyy)
4. Bone Mineral Density (BMD) test ordered ☐ Yes ☐ No	5. Date of last BMD test (mm/dd/yyyy)	
6. Medication to treat osteoporosis ordered ☐ Yes ☐ No	7. Patient already taking medication ☐ Yes ☐ No	
8. Name of Rx to treat osteoporosis	9. Dosage	10. Frequency
11. Other instructions given to patient		

Section 3 – Treating physician information

1. Treating physician (first, last)	
2. Office telephone number (include area code)	3. Fax number (include area code)

Section 4 – Primary care physician information

1. Primary care physician (first, last)	
2. Office telephone number (include area code)	3. Fax number (include area code)

NOTE: This document contains confidential member information, and the use or disclosure of such information may be restricted by law. Please handle this information appropriately. If you are not the intended recipient of this material, call the primary care physician identified above and destroy this communication.

Fax completed form to the patient's primary care physician – see Section 4.