



## Prolia (Denosumab) Subcutaneous Injection Order Form

### Patient Information

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ M  F

Allergies: \_\_\_\_\_

New Treatment     Continuing Treatment    Last Treatment Date: \_\_\_\_\_    Next Due Date: \_\_\_\_\_

### Diagnosis and ICD 10 Code (Required)

- |   |                       |
|---|-----------------------|
| <input type="checkbox"/> Age related Osteoporosis without pathological fracture                 | ICD 10 Code: M81.0    |
| <input type="checkbox"/> Age related Osteoporosis with current pathological fracture unsp. site | ICD 10 Code: M80.00XA |
| <input type="checkbox"/> Other: _____   | ICD 10 Code: _____    |

### Required Tests (within 12 months & attach results)

- DEXA Scan Results & Date: \_\_\_\_\_
- Dental Exam Results & Date: \_\_\_\_\_
- Serum Creatinine and Serum Calcium Level & Date: \_\_\_\_\_
- TB/Quantiferon Status & Date: \_\_\_\_\_
- Pregnancy Test Status & Date: \_\_\_\_\_

### Pre-Medication Orders

- Acetaminophen (Tylenol)     500mg     650mg     1000mg     PO
- Diphenhydramine (Benadryl)     25mg     50mg     PO     IV
- Methylprednisolone (Solu-Medrol)     125mg     IV
- Ondansetron (Zofran)     4mg     8mg     PO     IV
- Other: \_\_\_\_\_    Route: \_\_\_\_\_
- Dose: \_\_\_\_\_    Frequency: \_\_\_\_\_

### Nursing

Provide nursing care per Smart Infusion Nursing Procedures, including reaction management and post-procedure observation.

### Special Instructions / Notes

### Provider Information

Provider Name: \_\_\_\_\_    Provider NPI: \_\_\_\_\_

Office Phone: \_\_\_\_\_    Office Fax: \_\_\_\_\_

Provider Signature: \_\_\_\_\_    Date: \_\_\_\_\_

**Prolia Medication Order**

**Patient Weight:** \_\_\_\_\_ KG

Dosage - Subcutaneous Injection

60mg

Frequency

Every 6 months

**Required Documents**

Patient Demographic Sheet

H & P within the past 6 months

Current Medication List

Clinical and Progress Notes