

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)

- Age related Osteoporosis without pathological fracture ICD 10 Code: M81.0
 Age related Osteoporosis with current pathological fracture unsp. site ICD 10 Code: M80.00XA

Required Tests

DEXA Scan (within 12 months & attach results)

Required Labs

Serum Creatinine, Serum Calcium
(within 6 months & attach results)

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

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 & Progress Notes (including last infusion note)
 Copy of Insurance Card (Front/Back)

Location

Eau Claire Weston Middleton

Provider Information

Provider Name: _____ Provider NPI: _____

Office Phone: _____ Office Fax: _____

Provider Signature: _____ Date: _____