

## Prolia™ (denosumab) Order Form

**Please include the following (required):**

1. Patient Demographics & Insurance Information
2. DEXA Scan (-2.5 T score or more severe) \*\*if no -2.5 T score, please send history of fracture documentation
3. Documentation to support primary diagnosis (Clinical/progress notes, labs, diagnostic tests, etc.)

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**Patient Name**

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**DOB**

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**Allergies**

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**Patient Phone**

**Primary Diagnosis (MUST include ICD-10 code)**

- Senile Osteoporosis ICD 10 code: \_\_\_\_\_
- Other: \_\_\_\_\_ ICD 10 code: \_\_\_\_\_

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**Prescription Orders: Prolia™** 60mg pre-filled syringe (include injection supplies)

Hypocalcemia must be corrected prior to beginning Prolia and the referring Physician will continue monitor patient for hypocalcemia. If the patient has a history of hypocalcemia, the patient's calcium level needs to be checked prior to each injection.

**Sig:** Inject subcutaneously 60 mg-every 6 months x 2.

**New start** or Date of Last Prolia Injection (if not at our office.) \_\_\_\_\_

**Please check to confirm the following (required):**

- Labs: Current Calcium Level  $\geq 8.3$  within 90 days of first injection.
- Patient is taking a minimum of Calcium 1000mg and Vitamin D 400IU daily.

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**Provider Name**

**Phone**

**Fax**

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**Provider's signature**

**Date**

**Fax completed form to (214) 887-0436. For insurance questions call (214) 276-5642.  
For any other questions please call (469) 480-9649.  
Or visit us online at [www.ntinfusioncenters.com](http://www.ntinfusioncenters.com)**