



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.)

Patient Name

DOB

Allergies

Patient Phone

Primary Diagnosis (MUST include ICD-10 code)

Senile Osteoporosis ICD 10 code: _____

Other: _____ ICD 10 code: _____

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.

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.

Physician Name

Phone

Fax

Physician’s signature

Date

**Fax completed form to (214) 887-0436. Contact us directly at: (214) 276-5642.
Or visit us online at www.ntinfusioncenters.com**