NORMAN REGIONAL Health System

Outpatient Infusion Center

Fax: 405-307-2244
Phone: 405-515-2470

ORD

Denosumab (Prolia)

Patient and Physician Information

Patient Name:	Date of Birth:	Patient Phone Number:
Physician Name:	**Office Phone Number:**	**Fax Number:**
Insurance:	**Group Number:**	**Policy Number:**
Hospitalization Status:	**Patient Weight (kg):**	**Height (inches):**
☑ Outpatient to Outpatient Infusion Center		
Allergies:		

*****Send patient demographics/insurance, clinical notes, and test results with orders*****

Diagnosis Code/Description for treatment:

- ☐ Age-related Osteoporosis without current Pathological Fracture (M81.0)
  - ☐ Check if indicated due to a low-trauma hip fracture
- ☐ Osteitis Deformans of Unspecified Bone (M88.9)
- ☐ Other Osteoporosis without current Pathological Fracture (M81.8)

Orders

☑ Provide REMS sheet to patient
☑ CALCIUM – confirm level is within normal limits, must be corrected prior to treatment

☑ Denosumab (Prolia) 60 MG SUBCUTANEOUSLY ONCE EVERY 6 MONTHS (J0897 : 1 MG = 1 unit)

Other: _____

Infusion Reaction

☑ If infusion reaction occurs, stop the infusion IMMEDIATELY, notify physician with details of reaction AND initiate the Outpatient Infusion HYPERsensitivity, OIC orders #1024

Discharge

☑ Discharge home 30 minutes after treatment complete if stable.

Date and Physician Signature

_____

DATE:_____ **TIME:**_____ **PHYSICIAN'S SIGNATURE**

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