



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):
<input checked="" type="checkbox"/> 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: _____
09602512

TIME: _____

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PHYSICIAN'S SIGNATURE

DO NOT WRITE ON OR BELOW THIS AREA ORDERS MAY BE CUT OFF BY FAX MACHINES