WEST TEXAS DIGESTIVE DISEASE CENTER

Houssam Al Kharrat
Gastroenterology
5115 80th Street
Lubbock, TX 79424
Phone: (806) 788-4368
Fax: (806) 513-2863

South Plains Infusion

Prolia (denosumab) Infusion orders

Name:_____ DOB:_____ M ○ F ○

Phone #1 :_____(H/W/C) Phone #2:_____(H/W/C)

PRE-MEDICATION

- ☐ Tylenol 1000mg PO
- ☐ Diphenhydramine 25mg PO
- ☐ Cetirizine 10mg PO
- ☐ _____ *(other)*

DIAGNOSIS *Please provide ICD-10 code*

- ☐ _____ Age-related osteoporosis ***without*** current pathological fracture
- ☐ _____ Age-related osteoporosis ***with*** current pathological fracture
- ☐ _____ Cancer treatment-induced bone loss due to hormone ablation therapy (CTIBL-HALT)
- ☐ _____ _____ *(other)*

PROLIA ORDERS

DOSAGE

- ◉ 60mg SQ, every 6 months

_____ Last Prolia injection date *(if applicable)*

PATIENT WEIGHT

_____ lbs.

_____ kg

NOTES

ORDERING PROVIDER

Signature **X** _____ Date _____

Provider _____ Phone _____ Fax _____

Please FAX: ○Medication Order ○Demographics ○Clinicals ○Labs ○X-Rays
to 1-806-302-1241 (must dial "1")