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South Plains  
Infusion

Tel (806) 788-4368, Fax (806) 302-1241

# Prolia (denosumab) Infusion orders

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ M O F O

Phone #1 : \_\_\_\_\_ (H/W/C) Phone : \_\_\_\_\_ (H/W/C)

### 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 2 to hormone ablation therapy.
- \_\_\_\_\_ (other)

### Pre Medication:

- Tylenol 1000 mg PO
- Diphendramine 25 mg PO
- \_\_\_\_\_ (other)

PATIENT WEIGHT _____ lbs
_____ Kg

### Prolia ORDERS

#### DOSAGE/ Frequency

- 60 mg SQ every 6 months
- \_\_\_\_\_ Last Prolia injection date if applicable.

### Needed documents:

- Recent Office notes (along with any therapies tried and outcomes)
- Current Medication List History,  Physical Report (w/in past 6 months)
- Lab Results,  Demographic Sheet,  Insurance Cards (front and back)

### ORDERING PROVIDER

Signature \_\_\_\_\_ Date \_\_\_\_\_

Provider \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Please FAX form and documents needed to 1-806-302-1241 (dial "1")