

(denosumab)

PROLIA injection orders

Patient Name

DOB

Phone

M

F

DIAGNOSIS Please provide ICD-10 code

Age-related osteoporosis ***without*** current pathological feature

Age-related osteoporosis ***with*** current pathological feature

Cancer treatment-induced bone loss due to hormone ablation therapy (CTIBL-HALT)

(other)

PRE-MEDICATION

Tylenol 1000mg PO

Cetirizine 10mg PO

Diphenhydramine 25mg PO

(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 return by fax to: (806) 503-2200 or email to: referrals@icareama.com.