



(denosumab)

3501 S. Soncy Suite 124 Amarillo, Texas 79119
Phone: (806) 358-8625 www.icareama.com
M - Thurs 8am - 5pm, Fri 8am - 12pm

PROLIA injection orders

Patient Name

DOB

Phone

M F

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)

PRE-MEDICATION

Tylenol 1000mg PO

Cetirizine 10mg PO

Diphenhydramine 25mg PO

(other)

Please include most recent DEXA and CMP (Calcium level)

PROLIA ORDERS

DOSAGE

60mg SQ, every 6 months

PATIENT WEIGHT

lbs.

Last Prolia injection date *(if applicable)*

kg

NOTES

ORDERING PROVIDER

Signature X

Date

Provider

Phone

Fax

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