77 Rolling Oaks Drive, Suite 201
Thousand Oaks, CA 91361
Phone: (805) 719-3700
Fax: (805) 413-9099
Website: infusionforhealth.com

PROLIA ORDER
(Denosumab)

Please fax a copy of patient's:

□ Demographics
□ Current Lab Results
□ Medication List
□ Copy of Insurance Cards
□ H & P
□ DEXA Scan Report

Date: ____/____/____

Patient Name: _____ DOB:_____/_____/_____

Allergies: _____ Wt: _____ lbs / kg Ht:_____

Diagnosis: _____ ICD-10: _____

Diagnosis made by: T-Score (DEXA) Please list WORST T-Score & Date:_____

Tried & Failed Bisphosphonates? Please list w/dates: _____

Please list any history of fractures:_____

Prolia (Denosumab) Dosage:
60 mg subcutaneous every 6 months

Last labs drawn on: ____/____/____ Serum Calcium: _____ Serum Creatinine:_____

Lab work required yearly

Printed Provider's Name: _____ NPI: _____

Provider's Signature: _____ Date:_____/_____/_____

Office Phone Number: _____ Office Fax:_____

Office Address: _____Contact Person: _____