Prolia

INFUSION FOR HEALTH
InfusionForHealth.com
Ph: 888-777-1945 | Fax: 805-852-2636

Date: _____ Treatment Location: _____

PROVIDERS: Please include the following to expedite the order.
Most Recent Office Visit Note, Insurance Info, Medication List, and CMP/BMP (serum Calcium and serum Creatinine), DEXA scan T Score (DEXA): _____ Date: _____

☐ Tried and Failed Bisphosphonates? Please list with dates: _____

Please list any history of fractures: _____

PATIENT INFORMATION

Patient Name: _____

Patient Contact Number: _____

DOB: _____

Allergies: _____

Weight: _____ ○ lbs / ○ kg Height: _____

Diagnosis: ☐ M81.0 ☐ M81.8 ☐ E83.52

Other Dx/ICD10: _____

PRESCRIBER INFORMATION

Prescriber's Name: _____

Signature: _____

NPI: _____ Date: _____

Phone: _____ Fax: _____

Office Address: _____

Contact Person: _____

Contact Email: _____

The following medications will be administered per prescribing information:

☐ No Premeds (Not indicated by P.I.)

Center will use Hypersensitivity protocol established by Infusion for Health and P.I.

PROLIA DOSAGE

Dose: Prolia 60 mg SQ injection q 6 months

To ensure that a brand name product be dispensed, the prescriber must handwrite "Brand Medically Necessary" on prescription form. If not indicated, Infusion for Health is authorized to administer generic or biosimilar.

Lab Orders: ☐ List: _____

☐ Prior to first appointment ☐ Other Frequency: _____

☐ Please check this box if you **DO NOT** authorize Infusion for Health to order and draw labs indicated for clinical clearance and/or insurance authorization prior to treatment.

☐ Please check this box if you **DO NOT** authorize Infusion for Health to complete a Peer to Peer on behalf of the prescribing provider for an insurance company that denies authorization for treatment.