COMMUNITY HEALTH INTERVENTIONS SPECIALTY CLINIC

Community Health Interventions Specialty Clinic

MEDICATION ORDERS - PROLIA (DENOSUMAB)

PATIENT INFORMATION	
Name:	DOB:
Allergies:	Date of Referral:

REFERRAL STATUS		
☐ New Referral	☐ Dose or Frequency Change	☐ Order Renewal

DIAGNOSIS AND ICD 10 CODE	
☐ Age related Osteoporosis without cur rent pathological fra cture	ICD10 Code: M81.0
☐ Other Diagnosis: ________________	ICD10 Code: ______________________

REQUIRED DOCUMENTATION	
☐ This signed order form by the provider	☐ Clinical/Progress notes
☐ Patient demographics AND insurance information	☐ Labs and Tests supporting primary diagnosis
☐ Serum creatinine and serum calcium level	☐ DEXA scan results and/or FRAX score
☐ Documentation of oral hygiene	

List Tried & Failed Therapies, including duration of treatment (please comment specifically on bisphosphonates):
1)
2)

MEDICATION ORDERS			
Dosing	☐ Prolia 60mg SubQ every 6 months		
Refills:	☐ X 6 months	☐ X 1 year	☐ ______doses

PRESCRIBER INFORMATION		
Prescriber Name:		
Office Phone:	Office Fax:	Office Email:
Prescriber Signature:		Date:

Contact us with questions at: jeff@eastoninfusion.com or call 728-777-5546

Fax completed form and all documentation to **(561) 709-8626**

All information contained in this form is strictly confidential and will become part of the patient’s medical record.