US infusions
11500 State Hwy 121 Ste 910, Frisco, TX 75035
4708 Dexter Dr., Ste 350, Plano, TX 75093
P: 469-200-2605 F: 469-200-2606 usinfusions.org

DENOSUMAB ORDER FOR METABOLIC BONE DISEASE

PATIENT INFORMATION:

Patient Name: _____ DOB: _____ Phone: _____

Patient Status: ☐ New to Therapy ☐ Continuing Therapy **Next Treatment Date:** _____

MEDICAL INFORMATION:

☐ Multiple myeloma

☐ Bone metastases from solid tumor other than prostate cancer

☐ Bone metastases from castration resistant/recurrent prostate cancer

☐ Hypercalcemia of malignancy

☐ Localized or metastatic giant cell tumor of the bone (GCTB)

☐ Other diagnoses: _____

PRESCRIPTION:

Denosumab (120 mg): Every 4 weeks ☐ No brand preference

☐ Preferred brand: ☐ Xgeva ☐ Wyost ☐

(While best efforts will be made to obtain the selected brand, insurance coverage and formulary requirements may require substitution and will govern the final product dispensed.)

☐ New to Therapy ☐ Continuation of Therapy

REQUIRED ASSOCIATED DOCUMENTATION:

☐ Patient demographics ☐ Front/back of all insurance cards ☐

☐ Clinical notes supporting one or more of the above diagnoses.

☐ Lab test results: ☐ CMP reflecting normal calcium levels and kidney function.

PROVIDER INFORMATION:

By signing this form, you authorize US Infusions and its staff to handle prior authorizations, coordinate with insurance providers, and determine the patient's preferred site of care.

Provider Name: _____ Signature: _____ Date: _____

Provider NPI: _____ Phone: _____ Fax: _____ Contact Person: _____

FAX COMPLETED FORM TO US INFUSIONS AT 469-200-2606