Prolia

(Denosumab sq injection)

NobleInfusion
Phone: 386-957-9600
Fax: 386-957-9400

PATIENT INFORMATION:

Patient Name: _____ ☐ Male ☐ Female
DOB: _____ Phone number: _____
Allergies: ☐ NKDA ☐ allergic to _____
☐ start new treatment ☐ continue treatment. ____ dose/s already complete. Date of last dose: _____

Height: _____ Weight:_____

DIAGNOSIS:

Fill in IDC-10 Code with diagnosis
☐ age-related osteoporosis without current pathological fracture- M81.0 ☐ other: _____
☐ age-related osteoporosis with current pathological fracture- M80.00XA

REQUIRED TESTING/LABS

* CMP indicating normal calcium range between 8.5-10.2
* DEXA scan and results (dated)
* LAST VISIT NOTE
* INSURANCE CARDS

* **Note**: patients MUST be taking BOTH calcium and Vitamin D supplements regardless of normal ranges
* Pt **MUST** be within normal calcium range of 8.5-10.2

*NOTE: As of January 2023 most major Insurance plans require trial/ failure of both oral and IV bisphosphonate therapy before approving Prolia treatment. These plans also request their preferred medication Reclast. If your patient has not tried and failed oral/IV bisphosphonate and you still would like to pursue Prolia treatment, please consider an addendum, progress note or letter of medical necessity explaining why step therapy is not recommended/beneficial for the patient i.e contraindication, intolerance, allergy , etc

Tried and failed: ☐ Boniva ☐ Recast ☐ Actonal ☐ Evista ☐ Fosamax

PROLIA DOSING:

☐ 60 mg/ml SQ every 6 months ☐ refills: _____

ORDERING PROVIDER:

Name: _____ NPI _____
Phone: _____ fax: _____
Practice Address: _____
City: _____ State: _____ Zip: _____

Provider Signature_____ Date: _____