

PATIENT INFORMATION

Name: _____	DOB: _____	Height: _____	Weight: _____
Address: _____	Phone: _____	Allergies: _____	
City, State, Zip: _____	Email: _____		

REFERRAL STATUS

New Referral
 Dose or Frequency Change
 Order Renewal

DIAGNOSIS AND ICD-10 CODE

<input type="checkbox"/> Osteoporosis in women or men at high risk of developing fracture	ICD-10 Code: _____
<input type="checkbox"/> Diagnosis: _____	ICD-10 Code: _____

REQUIRED DOCUMENTATION

<input type="checkbox"/> This signed order form by the provider	<input type="checkbox"/> Calcium drawn and noted to be WNL and results sent
<input type="checkbox"/> Patient demographics AND insurance information	<input type="checkbox"/> DEXA scan results and/or FRAX score
<input type="checkbox"/> H&P and Clinical/Progress notes supporting primary diagnosis	

List Tried & Failed Therapies, including duration of treatment:

1)
2)

MEDICATION ORDERS

Prolia 60mg SubQ every 6 months x1 dose*

* 1 dose is allowed to be ordered per referral form. Referring physician is responsible for monitoring and reviewing serum Calcium level prior to dose of Prolia.

** Clinical monitoring of calcium, phosphorus, and magnesium is highly recommended in patients with severe renal impairment Adequately supplement all patients with Calcium and vitamin D.

PREMEDICATION ORDERS

<input type="checkbox"/> Acetaminophen 650mg PO prior to infusion	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Diphenhydramine 25mg PO prior to infusion	<input type="checkbox"/> Other: _____

EMERGENCY MEDICATIONS

Administer the following medications as needed for infusion-related reactions per company protocol:

Adults (weight >40kg):

Diphenhydramine 25mg-50mg PO
 Diphenhydramine 25mg-50mg slow IV push over 2-5 mins
 Acetaminophen 325mg-650mg PO
 Methylprednisolone 125mg slow IV push over at least 5 mins as tolerated
 Epinephrine 0.3mg IM/SQ, may repeat x1
 Sodium chloride 0.9% 500ml over 30-60 mins, may repeat x1 if hypotensive
 Oxygen 1-6LPM continuous flow per nasal cannula or face mask, titrate to maintain SpO2 of 95-100% (AIC/AIS only)

Pediatrics (weight <40kg): (may adjust with weight changes)

Diphenhydramine 25mg PO
 Diphenhydramine 25mg slow IV push over 2-5 mins
 Acetaminophen 325mg PO
 Methylprednisolone 40mg slow IV push over at least 5 mins as tolerated
 Epinephrine 0.15mg (<30kg) or 0.3mg (>30kg) IM/SQ, may repeat x1
 Sodium chloride 0.9% 500ml over 30-60 mins, may repeat x1 if hypotensive

PRESCRIBER INFORMATION

Prescriber Name: _____	NPI Number: _____
Office Phone: _____	Office Fax: _____
Prescriber Signature: _____	Date: _____