



PLACE LABEL HERE

Name: _____

Unit #: _____

Account #: _____

Infusion Center Prolia (denosumab) Orders

Infusion Center Fax numbers:

MVH Middletown/AMC: 513-974-5023	MVH Troy/UVMC: 937-440-4503
MVH South: 937-641-2676	MVH Greenville: 937-641-7205
MVH North: 937-641-2378	

Patient Name: _____ **DOB:** _____

Patient Weight: _____ kg **Patient Phone #:** _____

Insurance: _____

*Please attach a copy of the patient's insurance information to this order

Diagnosis (must include ICD-10 code):

- Age-related osteoporosis with current pathological fracture (M80.0)
- Other osteoporosis with current pathological fracture (M80.8)
- Age-related osteoporosis without current pathological fracture (M81.0)
- Other osteoporosis without current pathological fracture (M81.8)
- Other specified disorders of bone density and structure (M85.8)
- Disorder of bone density and structure (M85.9)
- Disorder of bone, unspecified (M89.9)
- Other: _____

Required Labs (check one):

- Patient has a calculated creatinine clearance (CrCl) \geq 30ml/min and a calcium level \geq 8.5mg/dL (labs must be done within 5 months of scheduled injection date). Attach lab results to order.
- Patient has not had lab results fitting above results and time frame. Draw serum creatinine and calcium upon arrival. If CrCl $<$ 30mL/min and/or corrected calcium $<$ 8.5mg/dL, HOLD treatment and contact the prescribing provider for further instructions or orders.

Medication:

- Denosumab (Prolia) (HCP CS J0897) 60mg Subcutaneous x 1 every 6 months

Additional Orders: _____

Provider Signature: _____ **Date/Time:** _____

Printed Provider Name/Phone Number: _____

Orders complete by RN: _____ DATE/TIME: _____

IMPORTANT NOTICE: The information in this document is considered CONFIDENTIAL and is only for the use of the healthcare providers of the named patient. If you received this in error, you are prohibited from retaining, disclosing, copying, distributing, or using this information. Please notify the PHP Privacy Officer at (937)208-9789 and immediately destroy any and all copies.

**Order valid for 1 year from provider signature date*