NORTH TEXAS INFUSION CENTERS

Prolia™ (denosumab) Order Form

Please include the following (required):
1. Patient Demographics & Insurance Information
2. Dexa Scan (-2.5 T score or more severe) **if no -2.5 T score, please send history of fracture documentation
3. Documentation to support primary diagnosis (Clinical/progress notes, labs, diagnostic tests, etc.)

_____ _____
Patient Name **DOB**

_____ _____
Allergies **Patient Phone**

Primary Diagnosis (MUST include ICD-10 code)
☐ Senile Osteoporosis ICD 10 code: _____
☐ Other: _____ ICD 10 code: _____

Prescription Orders: Prolia ™60mg pre-filled syringe (include injection supplies)
Hypocalcemia must be corrected prior to beginning Prolia and the referring Physician will continue monitor patient for hypocalcemia. If the patient has a history of hypocalcemia, the patient's calcium level needs to be checked prior to each injection.

Sig: Inject subcutaneously 60 mg-every 6 months x 2.
☐ **New start** or Date of Last Prolia Injection (if not at our office.) _____

Please check to confirm the following (required):
☐ Labs: Current Calcium Level ≥8.3 within 90 days of first injection.
☐ Patient is taking a minimum of Calcium 1000mg and Vitamin D 400IU daily.

_____
Provider Name **Phone** **Fax**

_____
Provider's signature **Date**

Fax completed form to (214) 887-0436. For insurance questions call (214) 276-5644.
For any other questions please call (469) 480-9649.
Or visit us online at www.ntinfusioncenters.com