



Infusion Associates
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Prolia ORDER

**Please fax a copy of patient's Demographics, Insurance information, Current Lab Results, H&P, and Current Medications*

Date: ____/____/____

Patient Name: _____ DOB: ____/____/____

Allergies: _____ Patient Weight: _____ lbs / kg Height: _____

Does patient have a diagnosis or history of any of the following (check all that apply)?:

- Hypocalcemia
- History of hypoparathyroidism
- Thyroid or parathyroid surgery
- Severe renal impairment (CrCl<30)
- Malabsorption syndromes
- Recurrent UTI
- Recent tooth extraction or jaw surgery

NO the patient does NOT have history of any of the above

Diagnosis : Age related osteoporosis without current pathologic fracture M 81.0
 Drug-induced osteoporosis M81.6
 Age related osteoporosis with current pathologic fracture M80.0
 Other osteoporosis without current pathologic fracture (idiopathic) M81.8
 Other: please specify: _____

Diagnosis made by : T-Score (Dexa) FRAX model Other risk factors: _____

Prolia (denosumab) 60 mg Subcutaneous every 6 months

Lab work required within 2 months of appointment.
 Labs drawn on: ____/____/____
 Serum Calcium: _____
Contraindicated in patients with hypocalcemia

Printed Provider's Name: _____

Provider Signature: _____

Office Phone Number: _____ Fax Number: _____