JUBBONTI

Orders

DENOSUMAB-BBDZ

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INFUSE ONE OHIO

Locations: ☐ Dublin, OH ☐ Lancaster, OH

PATIENT INFORMATION

Patient Name _____ **Date of Birth** _____ **Gender** ☐ M ☐ F

Patient Address / City / State / ZIP _____ **Phone** _____

DIAGNOSIS

PROVIDE ICD-10 CODE

☐ Postmenopausal osteoporosis - high fracture risk _____
☐ Male osteoporosis - high fracture risk _____
☐ Glucocorticoid-induced osteoporosis - high fracture risk _____
☐ Bone loss due to androgen-deprivation therapy _____
☐ Bone loss due to adjuvant aromatase-inhibitor therapy _____
☐ Other _____

PRE-MEDICATIONS

NOT ROUTINELY REQUIRED - CHECK IF ORDERED

☐ None ☐ Acetaminophen 1,000 mg PO ☐ Diphenhydramine 25 mg PO
☐ Cetirizine 10 mg PO ☐ Other _____

JUBBONTI ORDERS

DOSAGE & FREQUENCY

☐ 60 mg subcutaneous injection every 6 months

Injection site: upper arm, upper thigh, or abdomen.

Last denosumab injection date - if applicable _____

☐ New start ☐ Continuation

REQUIRED CLINICAL REVIEW

COMPLETE BEFORE ADMINISTRATION

☐ Pregnancy ruled out, if applicable
☐ Pre-existing hypocalcemia corrected
☐ Serum calcium reviewed
☐ Routine oral examination completed before initiation
☐ If eGFR <30 or dialysis: CKD-MBD evaluation completed
☐ Calcium 1,000 mg/day and vitamin D at least 400 IU/day instructed

NOTES

ORDERING PROVIDER

Provider NPI _____ **Phone** _____ **Fax** _____

Provider Name _____

Provider Address _____

Prescriber Signature _____ **Date** _____