PROLIA

Orders

DENOSUMAB

Email: intake@infuseoneohio.com
Fax: (614) 929-7199
Phone: (614) 929-3349

Locations: ☐ Dublin, OH ☐ Lancaster, OH

INFUSE ONE OHIO

PATIENT INFORMATION

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

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

DIAGNOSIS

PLEASE PROVIDE ICD-10 CODE

- ☐ Age-related osteoporosis without current pathological fracture _____
- ☐ Age-related osteoporosis with current pathological fracture _____
- ☐ Cancer treatment-induced bone loss due to hormone ablation therapy _____
- ☐ Other _____

PRE-MEDICATIONS

OPTIONAL - CHECK ALL THAT APPLY

- ☐ Tylenol 1000 mg PO
- ☐ Cetirizine 10 mg PO
- ☐ Diphenhydramine 25 mg PO
- ☐ Other _____
- ☐ Other _____

PROLIA ORDERS

DOSAGE

- ☐ 60 mg SQ every 6 months

Last Prolia injection date - if applicable _____

PATIENT WEIGHT

Pounds _____ **Kilograms** _____

NOTES

ORDERING PROVIDER

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

Provider Name _____

Provider Address _____

Prescriber Signature _____ **Date** _____