Randolph Health Order Form: Prolia ® (denosumab)

1.	PATIENT AND INSURANCE INFORMATION		
Patient Name:			
Date of Birth:		**Patient Phone Number:**	
Primary ins:	**Policy #:**	**Ph #:**	
Secondary ins:	**Policy #:**	**Ph #:**	

- ***Fax the following information to SPU @ 336-629-8844***

1. Most recent office note
2. Medication List
3. Completed Prolia Order Form (this form)
4. Copies of required labs (see below for requirement)
5. Summary of benefits
6. Pre-authorization (if required)

CLINICAL INFORMATION AND PATIENT EDUCATION:

**** ALL REQUIREMENTS BELOW MUST BE COMPLETED AND THE CORRESPONDING BOX *MUST* BE CHECKED BEFORE DENOSUMAB (PROLIA®) INJECTION CAN BE SCHEDULED. ****

2. Date of last Denosumab (Prolia®) injection _____ (must be at least 6 months prior to this injection)
   ☐ NO prior Denosumab (Prolia®) injections (first treatment)

3. SPECIFY DIAGNOSIS:
   - ☐ Senile osteoporosis, postmenopausal osteoporosis (**ICD-10 #M81.0**)
   - ☐ Osteoporosis, other (**ICD-10 #M81.8**)
   - ☐ Osteoporosis, unspecified (**ICD-10 #M81.0**)

   INCLUDE ANY ADDITIONAL OR SECONDARY DIAGNOSES AND ICD-10 CODES BELOW:

4.		Serum calcium level or ionized calcium level within or above normal limits – ATTACH LAB RESULT OBTAINED **WITHIN THE LAST 60 DAYS**
5.		Patient has no contraindications to denosumab (pregnancy, hypocalcemia, or hypersensitivity to any component of denosumab). Prolia® syringe contains latex. If applicable, patient understands that pregnancy should be avoided while on denosumab (Prolia®) therapy.
6.		Patient has been instructed regarding calcium and vitamin D supplementation
7.		Patient is not receiving therapy with Xgeva® (denosumab)

☒ **PROLIA® (DENOSUMAB) 60 MG TO BE INJECTED SUBCUTANEOUSLY TIMES ONE DOSE IN THE SPECIAL PROCEDURES UNIT OF THE OUTPATIENT CENTER**

☒ Provide patient with Prolia® medication guide.

Practitioner Office Phone:	Practitioner Office Fax:	Office Contact:

8.	Practitioner Printed Name:					
9.	Practitioner Signature:	10.	Date:	11.	Time:	

RANDOLPH HEALTH USE ONLY :

Injection scheduled for:	**DATE:**	**TIME:**

Randolph Health