

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

CLINICAL INFORMATION AND PATIENT EDUCATION:	
** ALL REQUIREMENTS BELOW MUST BE COMPLETED AND THE CORRESPONDING BOX MUST BE CHECKED BEFORE denosumab (PROLIA [®]) INFUSION CAN BE SCHEDULED. **	
2.	Date of last denosumab (Prolia [®]) injection _____ (must be at least 6 months prior) <input type="checkbox"/> NO prior denosumab (Prolia [®]) injections (first treatment)
3.	SPECIFY DIAGNOSIS: <input type="checkbox"/> Senile osteoporosis, postmenopausal osteoporosis (ICD-10 #M81.0) <input type="checkbox"/> Osteoporosis, other (ICD-10 #M81.8) <input type="checkbox"/> 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 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) 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 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:
PRACTITIONER PRINTED NAME:		
8. PRACTITIONER SIGNATURE:	9. Date:	10. Time:

RANDOLPH HEALTH USE ONLY		
Injection scheduled for:	DATE:	TIME:
Fax to Practitioner office when Injection completed	DATE ADMINISTERED:	RN:



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Prolia



revised 1/2017
Randolph Health
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