

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											
<table border="0"> <tr> <td>1. Most recent office note</td> <td>5. Summary of benefits</td> </tr> <tr> <td>2. Medication List</td> <td>6. Pre-authorization (if required)</td> </tr> <tr> <td colspan="2">3. Completed Prolia Order Form (this form)</td> </tr> <tr> <td colspan="2">4. Copies of required labs (see below for requirement)</td> </tr> </table>				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)	
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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®) 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:

