MIC | METRO INFUSION CENTER

INFUSION ORDERS

Denosumab (Prolia)

PATIENT INFORMATION		
Name:	DOB:	Weight:_____
Allergies:	Date of Referral:	

REFERRAL STATUS
☐ New Referral ☐ Dose or Frequency Change ☐ Order Renewal

INFUSION OFFICE PREFERENCES (Optional)
Preferred Location*

DIAGNOSIS AND ICD 10 CODE	
☐ Osteoporosis in women or men at high risk of developing fracture	ICD 10 Code: M81.0

REQUIRED DOCUMENTATION/Testing	
☐ This signed order form by the provider ☐ Patient demographics AND insurance info	☐ Clinical/Progress notes supporting primary dx ☐ Calcium drawn on _____ (preferred to be within the last 2 weeks) and noted to be WNL and results sent; the patient is cleared to receive the drug
List Tried & Failed Therapies, including duration of treatment: 1) 2)	☐ Negative pregnancy test

MEDICATION ORDERS

Biologic Injection/Infusion Order

Medication	**Dosing/Diluent**	**Route**	**Rate of infusion**	**Dates of administration**
☐ Prolia	60mg	SQ	N/A	X 1 dose **
☐ Prolia	_____	SQ	N/A	X 1 dose**

**This is a single dose order to assure that calcium levels have been reviewed

OTHER ORDERS
Assure patient is taking calcium and Vit D

PHYSICIAN INFORMATION		
Prescribing Physician:		
Office Contact Name:		
Office Phone:	Office Fax:	Office Email:
Physician Signature:		Date:

All information contained in this order form is strictly confidential and will become part of the patient's medical record.
Contact us with questions at: [877] 448-3627
Send Completed Form and all documentation to:
Confidential email: Intake@Metroinfusioncenter.com or [866] 507-1164