

## Denosumab (Prolia or Biosimilar)

REFERRAL STATUS: ☐ New Referral ☐ Dose or Frequency Change ☐ Order Renewal  
Infusion Office Preference: \_\_\_\_\_

PATIENT INFORMATION			
Date:	Patient Name:	DOB:	
<input type="checkbox"/> NKDA Allergies:	Weight (lbs / kg):		Height:
Patient Status: <input type="checkbox"/> New to Therapy <input type="checkbox"/> Continuing Therapy - Last Treatment Date:		Next Due Date:	
PROVIDER INFORMATION			
Office Contact Name:		Office Email:	
Prescribing Providers Name:		Provider NPI:	
Office Address:	City:	State:	Zip:
Office Phone Number:		Office Fax Number:	
DIAGNOSIS AND ICD 10 CODE			
<input type="checkbox"/> Osteoporosis in women or men at high risk of developing fracture		ICD-10 Code: M81.0	
<input type="checkbox"/> Other Diagnosis:		ICD-10 Code:	
REQUIRED DOCUMENTATION/Testing			
<input type="checkbox"/> This signed order form by the provider <input type="checkbox"/> Patient demographics AND insurance info <input type="checkbox"/> Clinical/Progress notes supporting primary dx		<input type="checkbox"/> Calcium drawn and noted to be WNL and results sent <input type="checkbox"/> DEXA scan results and/or FRAX score	
List Tried & Failed Therapies 1)		2)	
MEDICATION ORDERS			
<b>Denosumab 60mg SubQ every 6 months</b> <i>(Pharmacy to dispense based off of product availability)</i>			
<input type="checkbox"/> Dispense as written Prolia (no substitutions)			
SPECIAL INSTRUCTIONS			

\* Referring physician is responsible for monitoring and reviewing serum Calcium level prior to dose of Prolia.

\*\* Clinical monitoring of calcium, phosphorus, and magnesium is highly recommended in patients with severe renal impairment  
Adequately supplement all patients with Calcium and vitamin D.

Provider Name (Print)

\*\*Physician Signature:

Date:

Fax referral to 866-507-1164 or email to [MICreferral@metroinfusioncenter.com](mailto:MICreferral@metroinfusioncenter.com)

All information contained in this order form is strictly confidential and will become part of the patient's medical record.

Revises 9/10/25

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