

# Prolia Order

(Denosumab)

**SMART CHOICE INFUSION**  
FOR YOUR HEALTH & WELLNESS

www.smartchoiceinfusion.com

Ph: 818-659-8182

Fax: 818-659-8990

Date: \_\_\_\_\_

Treatment Location: \_\_\_\_\_

**\*Please fax a copy of the  
following patient information:**

☐ Demographics

☐ Insurance Information

☐ Current CBC & CMP

☐ H & P Relevant to the Diagnosis

☐ Medications List

☐ DEXA Scan Report

## PATIENT INFORMATION

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Allergies: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs / kg      Height: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

ICD-10: \_\_\_\_\_

## PROVIDER INFORMATION

Printed Provider's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

NPI: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Office Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Email: \_\_\_\_\_

## DIAGNOSIS

Diagnosis made by: T-Score (DEXA) Please list WORST T-Score: \_\_\_\_\_ Date: \_\_\_\_\_

Tried and Failed Bisphosphonates? Please list with dates: \_\_\_\_\_

Please list any history of fractures: \_\_\_\_\_

## PROLIA (DENOSUMAB) DOSAGE:

Date of Last Treatment, If Continuation: \_\_\_\_\_

**60 mg subcutaneous every 6 months**

Last labs drawn on: \_\_\_\_\_

Serum Calcium: \_\_\_\_\_ Serum Creatinine: \_\_\_\_\_

**Lab work required yearly.**