

(denosumab)

PROLIA injection orders

Patient Name

DOB

Phone

M

F

DIAGNOSIS Please provide ICD-10 code

Age-related osteoporosis **without** current pathological feature

Age-related osteoporosis **with** current pathological feature

Cancer treatment-induced bone loss due to hormone ablation therapy (CTIBL-HALT)

(other)

PRE-MEDICATION

Tylenol 1000mg PO

Cetirizine 10mg PO

Diphenhydramine 25mg PO

(other)

PROLIA ORDERS

DOSAGE	PATIENT WEIGHT
60mg SQ, every 6 months	lbs.
Last Prolia injection date <i>(if applicable)</i>	kg

NOTES

ORDERING PROVIDER

Signature X _____ Date

Provider

Phone

Fax