

(denosumab)

PROLIA injection orders

Patient Name
Phone

DOB
M F

DIAGNOSIS Please provide ICD-10 code

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

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

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

60mg SQ, every 6 months

PATIENT WEIGHT

lbs.

kg

Last Prolia injection date *(if applicable)*

HEIGHT

ft

in

NOTES

ORDERING PROVIDER

Signature X Date

Provider

Phone

Fax