



# Prolia Order Form

Select patient referral location: Akron Athens Blue Ash Cleveland Columbus Crestview Hills  
 Dayton Mansfield Perrysburg Springfield Toledo West Cincinnati

**For new referrals, please include recent labs and last two office visit notes.**

**Fax completed form to 888-977-0914**

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### 1. PATIENT INFORMATION

Name:		DOB:	
Phone:		Other Phone:	
Email:			
Social Security #:		Allergies:	
Gender: M F	Weight: Lbs Kg		
Patient Status: New to therapy Continuing therapy		Next due date (if applicable):	

### 2. INSURANCE INFORMATION (required)

Please submit copies of the front and back of primary and/or secondary insurance cards with this referral.

### 3. PHYSICIAN INFORMATION

Physician Name:		NPI#:	
License #:	TIN#:	DEA#:	
Address:			
City:		State	Zip
Office Contact:		Email:	
Office phone:		Office fax:	

### 4. DIAGNOSIS INFORMATION (and year of diagnosis)

Osteoporosis(\_\_\_\_\_) ICD 10 (\_\_\_\_\_) Other: \_\_\_\_\_

### 5. PRESCRIPTION INFORMATION (requires new order every 12-months)

<b>PROLIA</b>	<b>PRE-MEDICATIONS</b>	N/A
	Acetaminophen	500mg 650mg 1000mg
Administer 60mg/ml via subcutaneous injection once every six months	Fexofenadine (Allegra)	180mg PO (or other non-sedating antihistamine)
	Diphenhydramine (Benadryl)	25mg 50mg PO IV (requires driver)
Vital signs per HI Protocol	Methylprednisolone (Solu-Medrol)	40mg 80mg 125mg IV
Anaphylaxis & Hydration Management per HI Protocol	Prednisone _____ mg PO	
	Other _____	
	<b>POST-MEDICATIONS</b>	N/A
	Acetaminophen	500mg 650mg 1000mg
	Prednisone _____ mg PO	
	Other _____	

### 6. LABS

CBC w/Diff	Each Infusion	Other Frequency (specify): _____
CRP	Each Infusion	Other Frequency (specify): _____
CMP	Each Infusion	Other Frequency (specify): _____
ESR	Each Infusion	Other Frequency (specify): _____
Hepatic Panel	Each Infusion	Other Frequency (specify): _____
Renal Panel	Each Infusion	Other Frequency (specify): _____
Quantiferon TB Gold, annually, last completed (date): _____		
Other (specify): _____		

### 7. SIGNATURE (required)

PHYSICIAN'S SIGNATURE

DATE