Adventist Health Tillamook

Physician Order
Prolia® (Denosumab)

Referral status: ☐ New referral ☐ Order renewal ☐ Restart ☐ Medication/Order change ☐ Benefits verification only
☐ D/C infusion (Medication(s) to D/C _____)

Patient information

Patient name: _____ DOB: _____ Sex ☐ Male ☐ Female

Address: _____ Phone: _____

Weight: _____ ☐ lbs ☐ kg Height: _____ Email: _____

Allergies: _____

Please check that all are included

☐ Patient demographics and insurance attached | ☐ DEXA results (within 2 years)

☐ Clinical/Progress notes, H&P, labs, tests, supporting DX attached | ☐ Current medication list

☐ Serum calcium (within 90 days) | Patient is currently taking calcium/vitamin D supplement ☐ Yes ☐ No

Physician information

Physician name: _____ Email, if you would like referral updates: _____

Practice name: _____ Phone #: _____

Office contact: _____ Fax #: _____

Diagnosis

☐ Osteoporosis senile	☐ Osteoporosis postmenopausal	☐ Other _____

ICD-10 code: _____ Date of last infusion/injection: _____

Medication orders

Prolia® orders: ☐ Does: 60mg SC every 6 months

_____
Physician signature Date (Order is valid for one year) Time

Notes/Comments

_____

_____

_____

Standing lab orders

☐ Labs drawn by infusion center Frequency: _____ every infusion ☐ Other (specify) _____

☐ CMP ☐ CBC ☐ CRP ☐ ESRP ☐ HFR ☐ UA

FAX order form to 503-815-7515

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Physician Order

Physician Order: Prolia® (Denosumab)
Adventist Health Tillamook
1000 Third St., Tillamook OR 97141

{ Patient label }

070-000124 04/24