

PROLIA SUB Q

****REQUIRED INFORMATION****

- This signed order form from the provider
- Patient demographics & insurance information
- Dexa Scan (-2.5 T score or more severe)
***if no -2.5 T score, please send history of fracture documentation*
- Documentation to support primary diagnosis
(Clinical/progress notes, other medications tried & failed, labs, diagnostic tests, etc.)
- Required Labs:** Calcium within 6 months, CrCl if CKD

Patient Name:	DOB:
Allergies:	Patient Phone:

- Diagnosis ICD-10:** Senile Osteoporosis (ICD-10: _____) Paget' s disease of bone (ICD-10: _____)
 Glucocorticoid-induced osteoporosis (ICD-10: _____) Other (ICD-10: _____)

J Code: J0897

PROLIA SUB Q ORDERS

Patient Wt. _____ kg

- *Patient is currently taking calcium/vitamin D supplementation YES NO
- Prolia 60 mg subcutaneous injection every 6 months
 - Prolia 120mg subQ every 4 weeks, give an additional 120mg on days 8 and 15.
- *Date of last Prolia injection: _____

Additional Instructions:

Physician Name:	Phone:	Fax:
**Physician Signature:	Date:	