INFUSE CARE
PREMIER MEDICAL INFUSIONS

PHYSICIAN ORDER FORM
Fax 1-732-960-3449 · Phone 732-444-8808

Denosumab *Prolia & biosimilars*

- ☐ Conexxence (denosumab-bnht)
- ☐ Stoboclo (denosumab-bmwo)
- ☐ Jubbonti (denosumab-bbdz)
- ☐ Prolia (denosumab)
- ☐ Dispense as written (DAW) Will substitute for biosimilar or reference product based on insurance and availability unless DAW is checked.

PATIENT INFORMATION

Patient name _____ DOB _____

Mobile number _____ Patient weight _____ kg

Allergies _____

☐ Patient has known difficult venous access. Comments: _____

☐ New start therapy ☐ Continuation of therapy — date of last dose (if applicable): _____

DIAGNOSIS

Provider must specify

- ☐ Osteoporosis, with pathological fx, ICD 10: M80.
- ☐ Osteoporosis, without pathological fx, ICD 10: M81.
- ☐ If M80., location of previous fracture: _____

PROVIDER INFORMATION

Provider name (print) _____ Provider NPI _____

Signature _____ Date _____

Contact name _____ Phone _____ Fax _____

Email address _____

PREREQUISITES TO TREATMENT

Ensure the following is complete and attached with the referral

- ☐ Normal calcium within 6 months of referral
- ☐ Labs and tests supporting diagnosis
- ☐ Demographics
- ☐ Office/progress notes

PRE-MEDICATION

Not typically indicated

- ☐ Acetaminophen (Tylenol) 500 mg PO
- ☐ Famotidine 20 mg IV
- ☐ Methylprednisolone (Solu-Medrol) 125 mg IVP
- ☐ Diphenhydramine (Benadryl) 25 mg PO
- ☐ Cetirizine (Zyrtec) 10 mg PO
- ☐ Other _____ Dose _____ Route _____

MEDICATION ORDER

MEDICATION	DOSE	ROUTE	FREQUENCY
Denosumab	60 mg	Subcutaneous inj.	Every 6 months

LABS / SPECIAL INSTRUCTIONS

Order valid for 1 year from date of signature unless otherwise specified here: _____