



**Prolia (denosumab) Injection Order Form**

Phone: 614-407-1621 Fax: 614-413-3877

orders@fusiondriphydration.com

**Patient Information**

- **Full Name:** \_\_\_\_\_
- **Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_
- **Address:** \_\_\_\_\_
- **Weight:** \_\_\_\_\_ kg **Height:** \_\_\_\_\_ cm/in
- **Allergies:** ☐ NKDA ☐ \_\_\_\_\_
- **Treatment Status:** ☐ New ☐ Continued **Last Treatment Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Diagnosis (ICD-10 Selection)**

- ☐ M81.0 – Age-related osteoporosis without current pathological fracture
- ☐ M80.00XA – Age-related osteoporosis with current pathological fracture, initial encounter
- ☐ M80.00XS – Age-related osteoporosis with current pathological fracture, sequela
- ☐ D64.9 – Anemia, unspecified
- ☐ Other: \_\_\_\_\_ **ICD-10 Code:** \_\_\_\_\_

**Injection Order**

- ☐ 60 mg subcutaneous injection every 6 months
- ☐ Administer in upper arm, abdomen, or thigh
- ☐ Observation: ☐ 15 minutes ☐ 30 minutes post-injection
- ☐ Refills: ☐ None ☐ 12 months ☐ Other: \_\_\_\_\_

**Line Use & Access**

- ☐ Start PIV ☐ Access CVC ☐ Use PICC Line ☐ Flush per standard injection protocol

## Adverse Reaction & Anaphylaxis Orders

☐ Fusiondrip Hydration & Wellness Center Protocol (fusiondriphydration.com)

☐ Other – please fax preferred reaction orders to 614-413-3877

### ☐ Premedication (Optional)

☐ Acetaminophen: ☐ 650 mg ☐ PO

☐ Diphenhydramine: ☐ 25 mg ☐ 50 mg ☐ PO ☐ IV

☐ Loratadine: ☐ 10 mg ☐ PO

☐ Methylprednisolone: ☐ 125 mg ☐ IV

☐ Other: \_\_\_\_\_ Dose: \_\_\_\_\_ Route: \_\_\_\_\_

## Laboratory Monitoring

☐ Serum calcium (required within 30 days of injection)

☐ CBC ☐ CMP ☐ Vitamin D level

☐ Serum creatinine

☐ Other: \_\_\_\_\_

**Frequency:** ☐ Prior to first dose ☐ Every 6 months ☐ Other: \_\_\_\_\_

☐ Physician office will order labs only

## Clinical Documentation Checklist

☐ Recent progress notes ☐ Last H&P ☐ Lab results ☐ Medication list

☐ DEXA scan report ☐ History of fractures or bisphosphonate failure

## Ordering Provider & Demographics

- Name: \_\_\_\_\_
- NPI: \_\_\_\_\_ License #: \_\_\_\_\_
- Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
- Email: \_\_\_\_\_
- Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_