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KaneHallBarry.com

AN OUTPATIENT MEDICAL CENTER SPECIALIZING IN
INFUSION AND NON-NARCOTIC INJECTABLE MEDICATIONS

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Prolia® Orders

Required Information to accept this order/referral:

- This signed order form from ordering provider
- Patient demographics and insurance information
- Copy of insurance cards, front and back
- DEXA scan (-2.5T score or greater)
- Calcium level within 30 days of treatment
- Documentation to support primary diagnosis
(Clinic Notes, fracture history, medications tried/failed, labs, diagnostic tests, etc.)

Patient Name: _____ DOB: _____

Phone: _____ Allergies: _____

- Diagnosis/ICD10:**
- M81.0 (Age-related osteoporosis without current pathological fracture)
 - M80.0 ____ (Age-related osteoporosis with current pathological fracture)
Please provide complete code in the blank above to specify site and encounter type
 - Other: _____
Please specify ICD-10 code and description

Patient Medical Information:

Prior osteoporosis therapies and reason for discontinuing:

Patient is currently taking calcium and vitamin D supplements Yes No

Patient has history of osteoporotic fracture Yes** No

***if yes, please provide documentation of fracture*

Prescription:

Administer: Prolia® (J0897) 60mg SubQ injection every 6 months.

Optional pre-medications:

- Administer APAP 500-1000mg PO and Benadryl 25mg PO prn

Ordering Provider Information

Name _____

Address _____

NPI # _____

Signed _____

Office Contact Information

Name _____

Phone () _____ - _____

Fax () _____ - _____

Email _____

Date _____ / _____ / _____
MM DD YYYY