Premier Health
Miami Valley Hospital

PLACE LABEL HERE

Name: _____

Unit #: _____

Account #: _____

Infusion Center Prolia (denosumab) Orders

Infusion Center Fax numbers:

MVH Middletown/AMC: 513-974-5023	MVH Troy/UVMC: 937-440-4503
MVH South: 937-641-2676	MVH Greenville: 937-641-7205
MVH North: 937-641-2378	

Patient Name: _____ **DOB:** _____

Patient Weight: _____kg **Patient Phone #:** _____

Insurance: _____
*Please attach a copy of the patient's insurance information to this order

Diagnosis (must include ICD-10 code):
- ☐ Age-related osteoporosis with current pathological fracture (M80.0)
- ☐ Other osteoporosis with current pathological fracture (M80.8)
- ☐ Age-related osteoporosis without current pathological fracture (M81.0)
- ☐ Other osteoporosis without current pathological fracture (M81.8)
- ☐ Other specified disorders of bone density and structure (M85.8)
- ☐ Disorder of bone density and structure (M85.9)
- ☐ Disorder of bone, unspecified (M89.9)
- ☐ Other: _____

Required Labs (check one):
- ☐ Patient has a calculated creatinine clearance (CrCl) ≥ 30ml/min and a calcium level ≥ 8.5mg/dL (labs must be done within 5 months of scheduled injection date). Attach lab results to order.
- ☐ Patient has not had lab results fitting above results and time frame. Draw serum creatinine and calcium upon arrival. If CrCl <30mL/min and corrected calcium <8.5mg/dL, HOLD treatment and contact the prescribing provider for further instructions or orders.

Medication:
- ☑ Denosumab (Prolia) (HCPCS J0897) 60mg Subcutaneous x 1 every 6 months

Additional Orders: _____

Provider Signature: _____ **Date/Time:** _____

Printed Provider Name/Phone Number: _____

Orders complete by RN: _____ DATE/TIME: _____

**Order valid for 1 year from provider signature date*