OKLAHOMA INFUSION SERVICES

1701 Renaissance Blvd, Ste. 110
Edmond, OK 73013-5853
Phone: (405) 844-4978; Fax: (405) 844-0562

denosumab (PROLIA®) Order Form

Patient's Information

Patient's Name:	Patient's Date of Birth:	Patient's Phone:	Gender: M ☐ F ☐
Patient's Address:	Patient's Email:	Insurance:	

Additional Information

☐ Fax front/back of insurance card ☐ Fax clinical/progress notes ☐ Fax labs
☐ Fax patient demographics ☐ Fax current medication list ☐ Fax TB and Hep B results

Diagnosis and Clinical Information

Diagnosis (ICD-10):

☐ M81.0 Age-Related Osteoporosis without Current Pathological Fracture
☐ M81.8 Other Osteoporosis without Current Pathological Fracture
☐ Other: Code: _____ Description: _____

Clinical Information:

☐ New Therapy Induction ☐ Therapy Change ☐ Therapy Continuation
☐ Patient Weight: _____ lbs / _____ kg ☐ Patient Height: _____ in / _____ cm
☐ Allergies: _____
☐ Date of last Prolia injection: _____
☐ Concurrent use of XVEGA? ☐ Yes ☐ No
☐ Currently taking calcium/vitamin D supplementation? ☐ Yes ☐ No Date: _____ Last Calcium: _____
☐ Pregnancy ruled out? ☐ Yes ☐ No
☐ History of hypersensitivity to Prolia or any ingredient of Prolia? ☐ Yes ☐ No

Lab Orders

☐ Lab Orders: ☐ CBC ☐ CMP ☐ ESR ☐ CRP ☐ Pregnancy Test ☐ Other _____
☐ Lab Orders to be drawn by: ☐ Oklahoma Infusion Services ☐ Referring Provider

Prescription Information

☐ Prolia ☐ Dose: 60mg ☐ Subcutaneously every 6 months

Standing Orders for Adverse Reactions

☒ Stop infusion and initiate NS bolus
☒ Notify supervising physician and ordering provider
☒ Solu-Cortef 100mg SIVP signs of adverse reaction
☒ Benadryl 25mg SIVP for hives or bronchial inflammation
☒ Epi 1:1000 1mL IM, IV, or SQ for anaphylaxis
☒ Oxygen 2-5L nasal cannula
☒ Albuterol 2.5mg inhaled PRN for chest tightness
☐ Other: _____

Prescriber's Information		Prescriber's Contact Person
Prescriber's Name:		Contact Name:
NPI #:	DEA #:	Contact Phone:
Prescriber's Signature:		Contact Fax:
Date:		

By signing this form, you are authorizing Oklahoma Infusion Services and its employees to act as your designated agent to interact with medical and prescription insurance companies for prior authorization and specialty pharmacy approval to render infusion services.