FAX: 203-724-4838

CIVIC INFUSION

249 Danbury Road, Wilton, CT 06897

400 Columbus Ave, Valhalla, NY 10595

(denosumab)

PROLIA injection orders

Patient Name _____ DOB _____

Phone _____ M ○ F ○

DIAGNOSIS *Please provide ICD-10 code*

☐ _____ Age-related osteoporosis ***without*** current pathological fracture

☐ _____ Age-related osteoporosis ***with*** current pathological fracture

☐ _____ Cancer treatment-induced bone loss due to hormone ablation therapy (CTIBL-HALT)

☐ _____ _____
(other)

PRE-MEDICATION

☐ Tylenol 1000mg PO

☐ Diphenhydramine 25mg PO

☐ Cetirizine 10mg PO

☐ _____
(other)

PROLIA ORDERS

DOSAGE

◉ 60mg SQ, every 6 months

_____ Last Prolia injection date *(if applicable)*

PATIENT WEIGHT

_____ lbs.

_____ kg

HEIGHT

_____ ft _____ in

NOTES

_____

ORDERING PROVIDER

Signature X _____ Date _____

Provider _____ Phone _____ Fax _____

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