CONNECTICUT IV INFUSION CENTER
249 Danbury Rd, Wilton, CT 06897
☎ (203)883-0038 (203)724-4838

(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

## NOTES

## ORDERING PROVIDER

Signature **X** _____ Date _____

Provider _____ Phone _____ Fax _____

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