

Intravene - Prolia Orders (rev 10/2015)

Please fax this form along with a copy of insurance cards

And clinical documentation to 434-455-5531 or call 1-434-947-3900 ext. 2172

PATIENT INFORMATION

Name _____
Address _____
City _____
State _____ Zip Code _____
Home Phone # _____
Work Phone # _____
DOB _____ SSN _____
Sex _____ Weight _____ Height _____
Allergies _____
Primary Ins. _____
Secondary Ins. _____

REFERRING PHYSICIAN INFORMATION

Physician Name _____
Physician Address _____

Physician Phone _____
Physician Fax _____
NPI# _____ DEA# _____
State License# _____

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and this form to (434)455-5531**

DIAGNOSIS:ICD-10 (required)

 _____ ↑

PRIOR TREATMENT HISTORY (IF ANY)

- ↑ Generic Alendronate
- ↑ Actonel
- ↑ Fosamax
- ↑ Boniva
- ↑ Other _____

Pertinent Medical History: _____

This patient is currently taking calcium & vitamin D supplements. yes no
It is important to advise the patient to take at least 1000mg calcium daily in divided does and 400 international units of vitamin D daily

Yes-normal calcium level ** Patient MUST have a normal calcium level to receive Prolia**

STANDARD ORDERS:

Product Name/Strength: Prolia 60 mg pre-filled syringe
Directions: 60mg SC every 6 months for 1 year

Signature, prescribing MD _____ **Date** _____

Anaphylactic meds available at the bedside:

Epinephrine 1:1000 1mg ampule. Administer 0.5ml (0.5mg) by SQ injection upon order of MD
Hydrocortisone 100mg vial. Administer 100mg IV push upon order of MD
Diphenhydramine 50mg vial. Administer 50mg IV push upon order of MD