Adventist Health
Tillamook

Physician Order
Prolia® (Denosumab)

Referral status: ☐ New referral ☐ Order renewal ☐ Restart ☐ Medication/Order change ☐ Benefits verification only
☐ D/C infusion (Medication(s) to D/C ______________________________)

Patient information

Patient name: ______________________ DOB: ____________ Sex ☐ Male ☐ Female

Address: ______________________________ Phone: ______________

Weight: __________ ☐ lbs ☐ kg Height: __________ Email: ______________________

Allergies: ____

Please check that all are included

☐ Patient demographics and insurance attached | ☐ DEXA results (within 2 years)

☐ Clinical/Progress notes, H&P, labs, tests, supporting DX attached | ☐ Current medication list

☐ Serum calcium (within 90 days) | Patient is currently taking calcium/vitamin D supplement ☐ Yes ☐ No

Physician information

Physician name: ______________________ Email, if you would like referral updates: ______________

Practice name: ______________________ Phone #: ______________

Office contact: ______________________ Fax #: ______________

Diagnosis

☐ Osteoporosis senile	☐ Osteoporosis postmenopausal	☐ Other ______________

ICD-10 code: ______________________ Date of last infusion/injection: ______________

Medication orders

Prolia® orders: ☐ Does: 60mg SC every 6 months

____
Physician signature Date (Order is valid for one year) Time

Notes/Comments

____

____

____

Standing lab orders

☐ Labs drawn by infusion center Frequency: ________ every infusion ☐ Other (specify) ______________

☐ CMP ☐ CBC ☐ CRP ☐ ESRP ☐ HFR ☐ UA

FAX order form to 503-815-7515

Physician Order

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Adventist Health Tillamook
1000 Third St., Tillamook OR 97141

{ Patient label }