Richmond
7110 Forest Ave, Suite 203
Richmond, VA 23226

INFUSION SOLUTIONS

Prince George
2025 Waterside Rd, Suite 100B
Prince George, VA 23875

Physician Order - Prolia (denosumab)

PATIENT INFORMATION	
Name:	DOB:
Allergies:	Phone Number:
Patient Weight: _____ kg or _____ lb	Patient Height: _____ in

REFERRAL STATUS

☐ New Referral ☐ Dose/Frequency Change ☐ Order Renewal

Location Preference (optional)

☐ Richmond ☐ Prince George

DIAGNOSIS AND ICD-10 CODE

☐ Osteoporosis w/o current pathological fracture M81.0
☐ Osteoporosis with current pathological fracture* M80.0_____
*If with fracture, please provide the specific diagnosis code that is 7 digits w/ letters
☐ Other Diagnosis: _____ ICD10 _____

REQUIRED DOCUMENTATION (must include)

☐ This signed order form by the provider
☐ Clinical/Progress Notes
☐ Patient Demographics AND Insurance Information
☐ Labs and Tests Supporting Primary Dx
☐ DEXA scan results and/or FRAX score
☐ Patient currently receiving same therapy at _____ Last dose: _____

List Tried & Failed Therapies, including duration of treatment (please comment specifically on bisphosphonates):
1)
2)
3)

MEDICATION ORDERS

Dosing ☐ Prolia 60mg SubQ every 6 months

Duration: ☐ x 6 months ☐ x 1 year ☐ oses _____

OPTIONAL PREMEDICATIONS and LAB ORDERS

☐ Acetaminophen 650mg PO prior to administration
☐ Diphenhydramine 25mg PO prior to administration
☐ CMP at each administration
☐ Other PreMed or Lab Order with frequency: _____

In the event of an infusion reaction or adverse event, our covering physician will be notified and appropriate medical care will be administered.

PRESCRIBER INFORMATION		
Prescriber Name:	NPI:	Contact:
Phone:	Fax:	Email:
Prescriber Signature:		Date:

Contact us with questions at: 804-442-3558 or email referrals@theinfusionsolution.com
Fax completed form and ALL required documentation to 804-554-5848
All information contained in this form is strictly confidential and will become part of the patient's record.