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(denosumab)

PROLIA injection orders

Patient Name _____ DOB _____
Phone _____ M O F O

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	PATIENT WEIGHT
<input checked="" type="radio"/> 60mg SQ, every 6 months	_____ lbs.
_____ Last Prolia injection date (if applicable)	_____ kg

NOTES

ORDERING PROVIDER

Signature X _____ Date _____