VAIL HEALTH OUTPATIENT ORDERS

322 Beard Creek Rd | Edwards, CO 81632 | Ph: 970.569.7418 | Fax: 970.470.6675

Vail Health includes services of Vail Health Hospital

Denosumab (Prolia) Order Form

ATTACH DEMOGRAPHICS / COPY OF INSURANCE CARD, RECENT OFFICE VISIT NOTES, RECENT DEXA AND LABS

Patient Name:

DOB:

Allergies/Adverse Reactions:

ICD-10:

Diagnosis:

☐ **New Start**

☐ **Continuation of therapy**
(date next treatment due: _____)

LABS: (valid within 30 days of planned treatment)

****serum creatinine and serum calcium recommended**

☐ **OK to omit labs**

☐ **Creatinine**

☐ **Calcium**

☐ **BMP**

☐ **CMP**

☐ **CBC**

☐ **Other:**

Medication: Denosumab SubQ

Dose: ☒ 60 mg

Frequency: ☒ every 6 months

Refills (check one):

☐ **One time only**

☐ **1 year**

☐ **Other: _____**

Hold Parameters:

CrCl <30 ml/min, serum calcium <8.0 mg/dL

☒ **Treat hypersensitivity reaction per Vail Health Hypersensitivity Protocol**

Provider Signature: _____ **Date / Time: _____**

PRINTED PROVIDER NAME: _____ **Circle: MD / PA / NP**

Office Name: _____ **NPI: _____** **State License: _____**

Phone #: _____ **Fax #: _____**

PHO