

McLeod Health

Place Sticker Here

Denosumab (Prolia) Treatment Plan

Patient Name: _____ DOB: _____

Height (cm): _____ Weight (kg): _____ Allergies: _____

Diagnosis (select one):

- M81.0 Age-related Osteoporosis without current fractures
- C61 Malignant neoplasm of the Prostate C50. ____ Breast Cancer
- Other: ICD 10 Code: _____ Diagnosis Description: _____

Drug Orders:

- Denosumab (Prolia) (J0897) 60 mg via subcutaneous injection once
- Other: _____

Lab Orders:

- Basic Metabolic Panel (BMP)
- Other: _____

Physician Signature: _____ Date: _____

Physician Name: _____ Phone: _____

Pre-Screening Requirements:

- Calcium results required before the first injection and annually thereafter
- Dental evaluation required prior to the start of therapy and within the last 3 months

Previous Therapies:

- For new patient referrals, please send history and physical and most recent physician note with completed plan
- If patient has previously received denosumab at another facility, please provide last date received: _____
- If patient has previously received another bisphosphonate therapy, please provide the name: _____
and the last date received: _____

Insurance/Authorization Information:

Insurance Type: _____

Insurance Authorization Reference Number: _____

Date Obtained: _____ Authorization Valid Until: _____

Additional Notes: _____

Fax completed Treatment Plan with authorization information to McLeod Infusion Services at the number below or call with any questions.

Dillon: 843-487-1491 (Fax)

843-487-1334 (Phone)