NPI#____________________
DEA#____________________

FAX ORDERS: 702-697-2107

LifeCare

(denosumab)

PROLIA injection orders

Patient Name

DOB

Phone

M F

DIAGNOSIS *Please provide ICD-10 code*

Age-related osteoporosis ***without*** current pathological feature

Age-related osteoporosis ***with*** current pathological feature

Cancer treatment-induced bone loss due to hormone ablation therapy (CTIBL-HALT)

(other)

PRE-MEDICATION

Tylenol 1000mg PO

Cetirizine 10mg PO

Diphenhydramine 25mg PO

(other)

PROLIA ORDERS

DOSAGE

60mg SQ, every 6 months

Last Prolia injection date *(if applicable)*

PATIENT WEIGHT

lbs.

kg

NOTES

ORDERING PROVIDER

Signature **X**____ Date

Provider

Phone

Fax

*Address:*____________________

____