DEHESA DERMATOLOGY

Dehesa Dermatology
978 N. Temperance Ave. Clovis CA 93611
(P) 559.951.9000 (F) 559. 234.6334
https://dehesadermatology.com

PROLIA® (DENOSUMAB) INJECTION ORDER

Patient Information

Patient Name: _____

DOB: _____

Patient Height: _____
Patient Weight (kg): _____

Address: _____
_____

Phone: _____

Diagnosis: _____
ICD-10 Code: _____

Attach:
☐ Patient demographics
☐ Copy (front & back) of insurance card(s)
☐ Most recent clinical notes
☐ Most recent DEXA scan (if applicable)

Required (Results must accompany order)
☐ Serum Calcium level (within 30 days)
☐ Vitamin D level
☐ Renal function (if clinically indicated)

Provider confirms:
☐ No hypocalcemia
☐ Patient receiving adequate calcium and vitamin D supplementation
☐ No active dental infection or planned invasive dental procedures

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Medication Order

☐ **Prolia® (Denosumab)** 60 mg subcutaneous injection

Dosing Regimen

☐ 60 mg subcutaneous every 6 months
☐ Other: _____

Injection site:
☐ Upper arm
☐ Abdomen
☐ Thigh

Pre-Medications
☐ None
☐ Acetaminophen 650 mg PO once (if history of injection reaction)
☐ Other: _____

PRN
☐ Diphenhydramine 25–50 mg PO or IV PRN
☐ Methylprednisolone 125 mg IV PRN
☐ Epinephrine 0.3 mg IM PRN anaphylaxis
☐ Albuterol 2.5 mg nebulized PRN bronchospasm
☐ Normal Saline IV bolus PRN hypotension
Call ordering provider for moderate/severe reaction.

Additional Instructions

_____

_____

_____

Ordering Physician:

Printed Name: _____

Signature: _____Date: _____

Contact Person: _____

Phone: _____Fax: _____

FAX ORDER TO 559.234.6334