(denosumab)



## PROLIA injection orders

Patient Name		DOB		
Phone		D.	M	F
DIAGNOSIS Plea	ase provide ICD-10 code			
	Age-related osteoporosis with Age-related osteoporosis with Cancer treatment-induced bon	current pathological fea	ture	oy (CTIBL-HALT
		(other)		
Tylenol 100 Diphenhyd		Cetirizine ´	10mg PO	(other)
PROLIA ORDEI	RS			
DOSAGE 60mg	E g SQ, every 6 months Last Prolia injection	on date (if applicable)	PATIEN	I <b>T WEIGHT</b> lbs. kg
NOTES				
<b>ORDERING PR</b> Signature <u><b>X</b></u>	OVIDER		Date	
Provider		Phone	Fax	