

PATIENT INFORMATION

PATIENT NAME: _____ PHONE: _____

DATE OF BIRTH: _____ SEX: M F HEIGHT: _____ WEIGHT: _____ LBS KG

ALLERGIES: _____ PREFERRED CLINIC: _____

REFERRAL STATUS: NEW REFERRAL ORDER CHANGE ORDER RENEWAL

DIAGNOSIS & CLINICAL DOCUMENTATION

M81.0 Age-related osteoporosis without current fractures

ICD-10 CODE: _____ DESCRIPTION: _____

REQUIRED DOCUMENTATION

Insurance Information

Lab Results

List of Medications

Tried & Failed Therapies

Most recent History & Physical

Calcium Levels Drawn Within 60 Days of 1st Injection

Most Recent Bone Density Scan Results

MEDICATION ORDER

Prolia® or biosimilar (Jubbonti®, Stoboclo®) may be used according to payor guidelines.

Denosumab 60mg subcutaneously every 6 months

To restrict substitution, indicate required brand here: _____

COMMENTS: _____

REFILL X 12 MONTHS UNLESS OTHERWISE NOTED HERE: _____

Immersiv Health to perform lab value clearance at initiation of therapy.
Prescriber responsible for on-going clinical lab monitoring. Administer per protocol.
In the event of an adverse reaction occurring in the infusion clinic, utilize the Immersiv Health adverse reaction protocol.

PRESCRIBER INFORMATION

PROVIDER NAME: _____ NPI #: _____

EMAIL: _____ PHONE: _____ FAX: _____

ADDRESS (INCLUDE CITY, STATE, ZIP): _____

SUPERVISING PHYSICIAN: _____ CONTACT NAME: _____
(IF APPLICABLE)

SIGNATURE: _____ DATE: _____
(NO STAMPS)

SUBSTITUTION PERMITTED

DISPENSE AS WRITTEN