



# Prolia (denosumab)

New Referral  Continuing Treatment  Medication Order Change

**Patient Information:**

Name: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 SS#: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Physician Information:**

Referring Physician: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Fax #: \_\_\_\_\_

## Medication Orders

Patient Weight: \_\_\_\_\_kg Patient Height: \_\_\_\_\_inches Has the patient had any fractures?  Yes  No

First Dose  Continuing care: current injection # \_\_\_\_\_

Patient currently taking Calcium/Vitamin D supplement?  Yes  No

Dosing:  60 mg SQ every 6 months

Indication / Diagnosis:

- M81.0 Age related osteoporosis w/o current pathological fracture
- M81.8 Other osteoporosis w/o current pathological fracture
- Other (please specify) \_\_\_\_\_

ICD-10 (Required) \_\_\_\_\_

MD Signature: \_\_\_\_\_ NPI#: \_\_\_\_\_ Date: \_\_\_\_\_

## Required Documentation

Please send the following documents and records. This will help streamline the pre-authorization process.

- **If this is a continuation of a treatment, include the last infusion note**
- Patient demographic information sheet
- Copy of insurance card(s) front and back
- Copy of most recent office and consult notes (must include discussion of prescribed drug)
- Current medication list

Most recent diagnostics results to include:

- CMP/BMP
- Vit D
- DEXA (within 2 years)
- Ionized Calcium (if applicable)
- Creatinine

We will contact the patient and schedule their infusion appointment once we have the insurance pre-authorization completed.

Main Office  
 Bay Ridge - Brooklyn  
 9711 3rd Avenue  
 Brooklyn, NY 11290  
 Phone: 718-400-9924 Fax: 718-586-5146  
 newpatient@bhinfusion.com