MEDICA HEALTHCARE SERVICES

INJECTIONS AND INFUSION SPECIALTY

CHRONIC & RARE DISEASES

PROLIA Medication Order Form

Name: _____ DOB: _____

Phone number: _____ ☐ Male ☐ Female

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)

REQUIRED TESTING/LABS:

☑ Clinical/Progress Notes supporting primary Diagnosis (please attach)

☑ DEXA scan results and date (please attach): _____

☑ Calcium level and date (please attach most recent CMP): _____

PROLIA ORDERS

DOSAGE

◉ 60mg SQ, every 6 months

_____ Last PROLIA injection date (*if applicable*)

PATIENT WEIGHT

lbs. _____

kgs. _____

NOTES

PRESCRIBER INFORMATION

Signature: _____ Date: _____

Provider's name: _____ Fax: _____

PLEASE SELECT PREFERRED PATIENT LOCATION:

- ☐ 105 Commerce St, # 109, Lake Mary, FL 32746
- ☐ 4850 W Oakland Park Blvd, #104, Lauderdale Lakes, FL 33313
- ☐ 3401 PGA Blvd, STE 540, Palm Beach Gardens, FL 33410
- ☐ 5210 Linton Blvd, STE 207, Delray Beach, FL 33484
- ☐ 3654 SW 30th Ave, Palm City, FL 34990

PLEASE FAX ORDER TO:

Fax: 561-207-7848

Phone: 689-488-1430

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