TwelveStone Health Partners

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PROLIA ORDER FORM			
Date: ICD-10 Code:			Therapy Status
Patient Name: Allergies:		□ New Start	
Date of Birth: Weight:	_lbs_OR	kg Continuing There	apy: Dose:
PROVIDER INFORMATION			
Ordering Provider: Provider Fax:			
Provider NPI: Provider Address:			
Provider Phone:			
ADMINISTRATION			
Place of Administration:			
TwelveStone Infusion Center I MD Office Other			
MEDICATION ORDER			
 ✓ Administer Prolia 60mg subcutaneously Prolia **Hypocalcemia should be corrected before Hypocalcemia may worsen, especially in impairment. Patients should supplement calcium and vitamin D* 	pre initiating Prolia.	Refills for one year from date of signature unless indicated below. Refills	 Please include the following lab results required for infusion. If no results are available, the following will be drawn prior to first infusion: Serum calcium within 60 days prior to each dose. Serum creatinine within 60 days prior to each dose.
PRE-MEDICATIONS			
Oral 325mg 500mg 6 Acetaminophen: 325mg 500mg 6 Loratadine: 10mg Cetirizine: 10mg Diphenhydramine: 25mg 50mg Famotidine: 20mg 40mg Ibuprofen: 200mg 400mg 600mg Ondansetron: 4mg 8mg Other:	□ D □ F □ M □ H □ C	examethasone:4mg iphenhydramine:25n amotidine:20mg lethylprednisolone: 125mg ydrocortisone: 100mg ndansetron:4mg ther:	ng50mg 40mg
LAB ORDERS (please indicate any labs to be drawn and	d frequency)	OTHER REQUIRED	DOCUMENTATION
 to 80 His Pat Met **Surveillance lab ordering and monitoring is the responsibility of the prescriber** Red By signing below, I certify that the above therapy is medically n By signing this form, I am authorizing TwelveStone Health Partners and affiliates to serve as my design to payors with respect to this patient and prescription order. This enrollment form s 		designated agent in submitting prior authorizations and other clinically required information	
Prescriber Signature Date V 03.06.25 The information contained in this facsimile may be confidential and is into	l l	iber Signature	Date

contained therein by any other person is not authorized. If you are not the intended recipient, please notify us immediately by calling 615-895-0186 or faxing back to the originator.