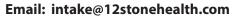
TwelveStone Health Partners

Fax Referral To: (615) 278-3355

Direct Phone: (844) 893-0012





PROLIA ORDER FORM									
Date:		ICD-10 Code:				Th ☐ New Start		Therapy Status	
Patient Name:		ergies:							
Date of Birth:		eight:lb	s OR _	kg		☐ Continuing Therapy: Last Dose:			
PROVIDER INFORMATION									
Ordering Provider: Pro					Provider Fax:				
Provider NPI:					Provider Address:				
Provider Phone:									
ADMINISTRATION									
Place of Administration:									
☐ TwelveStone Infusion Center ☐ MD Office ☐ Other									
MEDICATION ORDER									
Prolia	**Hypocalcemia should be corrected before initiating Hypocalcemia may worsen, especially in patients with impairment. Patients should supplement adequately calcium and vitamin D**			Prolia. n renal	Refills for one year from date of signature unless indicated below.		gnature d below.	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 □ Acetaminophen: 325mg 500mg 650mg □ Loratadine: 10mg 650mg 650mg □ Cetirizine: 10mg 10			IV □ Dexamethasone:4mg8mg □ Diphenhydramine:25mg50mg □ Famotidine:20mg40mg □ Methylprednisolone: 125mg □ Hydrocortisone: 100mg □ Ondansetron:4mg8mg □ Other:						
LAB ORDERS (please indicate any labs to be drawn and frequency)				OTHER REQUIRED DOCUMENTATION					
Surveillance lab ordering and monitoring is the responsibility of the prescriber By signing below, I certify that the above therapy is medic By signing this form, I am authorizing TwelveStone Health Partners and affiliates to serve as my to payors with respect to this patient and prescription order. This enrollment Dispense as Written:				ically necessary. Prescriber's Signature (SIGN BELOW) by designated agent in submitting prior authorizations and other clinically required information					
Droccribor No	ama	Data		Droosi	har Nam			Data	