



Nucara Pharmacy Nucara Infusion Center
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 Austin, TX 78757 Austin, TX 78757
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 Fax: 512-524-1801 Fax: 512-524-1801

Patient Name: _____

DOB: _____ Wt(kg): _____

Allergies: _____ Phone: _____

Prolia (Denosumab) SubQ Injection Orders

Required Information:

- Signed order from prescribing provider
- Patient demographics including insurance information
- Supporting clinical documentation: Visit notes
- Last DEXA Scan & Calcium Level

Primary Diagnosis:

Osteoporosis (ICD-10: _____)

Other: _____ (ICD-10: _____)

PROLIA ORDERS

Prolia 60mg every 6 months

Yes No Patient is currently taking calcium/vitamin D supplement

Other: _____

Date of Last Prolia: _____

Administered per manufacturer guidelines

PRE-MEDICATIONS

PO Tylenol _____ mg

PO Cetirizine _____ mg

IV Solu-medrol _____ mg

PO Loratadine _____ mg

PO IV Diphenhydramine _____ mg

PO IV Other: _____ mg

LABS

CBC

ESR

Uric Acid

Frequency: Every Visit
 Every Other Visit
 One time only
 Other: _____

CMP

TB Quantiferon Gold

Other: _____

CRP

Hep B Core/Surface AG

Other: _____

CPL Acct #: _____

ADDITIONAL INSTRUCTIONS

Please include accommodations to be made for the patient, catheter care, prn orders, etc.

Physician Name:	Phone:	Fax:
Physician Signature:	NPI:	Date: