TwelveStone Health Partners

Fax Referral To: (800) 223-4063

Email: intake@12stonehealth.com

Direct Phone: (615) 278-3350



Toll Free: (844) 893-0012

		PROLIA OI						
Date:		ICD-10 Code:		│	Therapy Status			
Patient Name:		Allergies:			_			
Date of Birth: Weight:_		Weight:Ibs OR _	kg		☐ Continuing Therapy: Last Dose:			
PROVIDER INFORMATION								
Ordering Provider:				Provider Fax:				
				Provider Address:				
Provider Phone:								
ADMINISTRATION								
Place o	f Administration:	7.5						
□ TwelveStone Infusion Center □ MD Office □ Other								
- Twelvestone initiation center Mb onice Other								
MEDICATION ORDER								
Prolia	**Hypocalcemia should be corrected before initiating Hypocalcemia may worsen, especially in patients wit impairment. Patients should supplement adequated calcium and vitamin D**			da unles	s x one year from te of signature s indicated 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.		
		PRE-MED	DICATIO	NS				
<u>Oral</u>				<u>IV</u>				
□ Acetaminophen:325mg500mg650mg			□ Dexamethasone:4mg8mg					
□ Loratadine: 10mg			□ Diphenhydramine:25mg50mg					
□ Cetirizine: 10mg			□ Famotidine:20mg40mg					
□ Diphenhydramine:25mg50mg			☐ Methylprednisolone: 125mg					
□ Famotidine:20mg40mg			☐ Hydrocortisone: 100mg					
□ Ibuprofen: 200mg400mg600mg			□ Ondansetron:4mg8mg					
□ Ondansetron:4mg8mg			- 0	Other:				
☐ Other:								
LAB ORDERS (please indicate any labs to be drawn and frequency)								
			to 800- • Histor • Patier • Medic	 (Please fax this signed order form, along with the following documents to 800-223-4063) History & Physical, Last Office Visit Note Patient Demographics and Insurance Information Medication List 				
					• Recent Lab Work			
By signing below, I certify that the above therapy is medical						nature (SIGN BELOW)		
Dispense as Written:			Substit	ution Alle	owea:			
Prescriber Na	ıme	Date	Prescrib	er Nam	e	Date		