MONTGOMERY CANCER CENTER
A BAPTIST MEDICAL CENTER SOUTH FACILITY

BISPHOSPHONATE ORDERS

RECLAST (ZOLEDRONIC ACID) or **PROLIA** (DENOSUMAB)

PATIENT INFORMATION	
Name:	DOB:
Allergies:	Date of Referral:

REFERRAL STATUS

❑ New Referral ❑ Dose or Frequency Change ❑ Order Renewal

INFUSION OFFICE PREFERENCE (Optional)

Preferred Location: ❑ Montgomery ❑ Prattville

DIAGNOSIS AND ICD 10 CODE

❑ Age related Osteoporosis **with** current pathological fracture	ICD10 Code: M80.0
❑ Age related Osteoporosis **without** current pathological fracture	ICD10 Code: M81.0
❑ Osteopenia	ICD10 Code: M85.80
❑ Other Diagnosis:_____	ICD10 Code: _____

REQUIRED DOCUMENTATION

- ❑ This order form signed by the provider
- ❑ Patient demographics AND insurance information
- ❑ Serum creatinine and serum calcium level
- ❑ Documentation of oral hygiene
- ❑ Clinical/ Progress notes
- ❑ Labs and tests supporting primary diagnosis
- ❑ DEXA scan results and/or FRAX score

Tried AND failed therapies, including duration of treatment (specifically bisphosphonates):

- ❑ Actonel (Risedronate)
- ❑ Forteo (Teriparatide)
- ❑ Reclast (Zolendronic acid)
- ❑ Progesterone injections/ supplements
- ❑ Any calcium supplements or Tums
- ❑ Boniva (Ibandronate)
- ❑ Fosamax (Alendronate)
- ❑ Estrogen injections/ supplements
- ❑ Prednisone or other steroids
- ❑ Any generic medicine for osteoporosis
- ❑ Evista (Raloxifene)
- ❑ Miacalcin (Calcitonin)
- ❑ Testosterone injections/ supplements
- ❑ Synthroid or any thyroid medicine
- ❑ Other: _____

❑ Patient has previously received Prolia.

MEDICATION ORDERS

Dosing: ❑ **Prolia** 60mg SQ every 6 months x2 doses	Dosing: ❑ **Reclast** 5mg IV once yearly x1 dose
*New order and progress notes required at least once, yearly.	*New order and progress note required once, yearly.

PROVIDER INFORMATION

Office Contact Name:			
Prescribing Providers Name:		Provider NPI:	
Office Address:	City:	State:	Zip:
Office Phone Number:	Office Fax Number:		
Physician Signature:	Date:		

Contact us with questions at: Montgomery (334) 273-7000 or Prattville (334) 351-1000

Fax completed form and all documentation to Montgomery (334) 260-2011 or Prattville (334) 358-1207

All information contained in this form is strictly confidential and will become part of the patient's medical record.