Troy Infusion Center
600 W Main Street
Suite 120
Troy, OH 45373
Phone: 937-401-6620
Fax: 937-401-6629

Washington Township Infusion Center
1989 Miamisburg-Centerville Road
Suite 101
Dayton, OH, 45459
Phone: 937-401-6620
Fax: 937-401-6629

Denosumab Order Form

Epic Referral: REF173

Patient Name: _____ **DOB:** _____

Address: _____

Phone: _____

Certain reference medications may be substituted with FDA approved interchangeable biosimilars based upon insurance requirements and/or KHN formulary substitutions. Stoboclo® is the KHN preferred product. Final product is determined by these two factors – insurance requirements and preferred product.

ICD-10 Diagnosis:

☐ M81.0 – Osteoporosis

☐ M85.80 - Osteopenia

☐ Other diagnosis: _____

Rx:

Denosumab 60 mg subcutaneous injection every 6 months

If Ca and SCr have not been drawn in the previous 60 days prior to injection, draw them onsite.

Please send recent lab results with order if they are available.

Order duration:

☐ 1 year ☐ 6 months

Other Comments:

_____

Prescriber Printed Name:_____

Prescriber Full Address: _____

Office Phone Number: _____ **Office Fax Number:** _____

Prescriber Signature: _____ **Date:** _____