

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

Hamilton Infusion Center
1010 Cereal Drive
Suite 300
Hamilton, OH, 45013
Phone: 855-500-2873
Fax: 937-401-6629

Prolia® Order Form
Epic Referral: REF173

Patient Name: _____ **DOB:** _____

Address: _____

Phone: _____

ICD-10 Diagnosis:

- M81.0 – Osteoporosis
- M85.80 - Osteopenia
- Other diagnosis: _____

Rx:

Prolia 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:** _____