

Edward-Elmhurst Cancer Centers

120 Spalding Drive; Suite 111; Naperville, IL 60540
Phone: 630/646-2273 Fax: 630/548-6617

24600 W. 127th Street; Plainfield, IL 60585
Phone: 630/646-2273 Fax: 630/548-6617

177 E. Brush Hill Road; Elmhurst, IL 60126
Phone: 630/646-2273 Fax: 331/221-3887

Prolia Injection Orders

Patient Name: _____ DOB: _____

*****Please include current history and physical and any recent labs/tests, if applicable*****

PLEASE ATTACH COPY OF INSURANCE CARD WITH THIS ORDER

**Pre-Authorization # or
Call Reference #:**

_____ (Ordering Physician Office is Responsible to Obtain Authorization/Referral)

Check if insurance requires drug to be provided by specialty pharmacy

**Contact Name and Phone Number
of Insurance Company:**

If you have any questions regarding pre-authorizations, please contact (630) 527-3788 and ask for the billing department.

Patient's Weight: _____

***PRIMARY DIAGNOSIS (ICD 10 REQUIRED):** _____

SECONDARY DIAGNOSIS (ICD 10 REQUIRED): _____

***NOTE: If bone metastasis from solid tumor is reason for treatment, then bone metastasis must be primary diagnosis.**

Dosing: Prolia 60mg subcutaneous injection every six months x 2 doses

Pre-Injection Requirements:

This patient has a calculated creatinine clearance of greater than or equal to 30ml per minute and a normal serum calcium level (**labs must be done within 2 weeks of injection**)

Yes No

**Date of Lab
Results
(PLEASE
ATTACH COPY):** _____

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Pre-Injection Requirements:

Required lab work (Creatinine, Calcium, Phos, Mg+) prior to Prolia may be done at Cancer Center on day of injection

Yes No

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Pre-Injection Requirements:

Patient currently taking calcium and Vitamin D supplements

Yes No

Patient can begin Prolia at the end of prior bisphosphonates dosing cycle

Yes No

In the event that your patient has a central line, it will be used per the Cancer Center protocol, unless otherwise directed.

Physician Signature: _____ **Date:** _____

Ordering Physician NPI: _____ **Edward Hospital NPI:** 1427069632
Edward Hospital NPI: 1548306343

Physician Name (Please Print) **Office Phone** **Fax Number**

Revision/Review Date: 07/01/2021