



Oregon Medical Group  
Infusion Center  
1007 Harlow Road  
Springfield, Oregon 97477  
Phone: (541) 741-0387  
Fax: (541) 242-4634

### Prolia Therapy Order

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ ICD-10 Code: \_\_\_\_\_

Administer 60mg prolia subcutaneously every 6 months.

1. Patient's weight: \_\_\_\_\_
2. The patient must have a current (within 90 days) CMP and serum calcium that is within normal range or the Infusion Center will not be able to administer Prolia.

Current Calcium: \_\_\_\_\_ Date: \_\_\_\_\_

Provider signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider printed name: \_\_\_\_\_