

**UM Upper Chesapeake Health**  
Physician Orders  
**denosumab (Prolia)**  
For Treatment of Osteoporosis

**Patient Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

Prescriber's option *must* check off to order.  and orders without checkboxes = *automatically* initiated unless crossed out.

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Diagnosis:** \_\_\_\_\_

**Tests:**

**Labs to be drawn within 30 days prior to administration of medication:**

Obtain **Serum:**  Calcium

Optional Labs (Check Box):

CMP  Magnesium  Phosphate

Notify physician **IF:**

- Serum (or corrected) calcium is less than 8.5 mg/dL    **--OR--**
- Ionized Calcium is less than 4.64 mg/dL

**denosumab (Prolia) Treatment Order**

<b>Drug</b>	<b>Total Dose (mg)</b>	<b>Route</b>	<b>Schedule</b>
<b>denosumab (Prolia) J0897</b>	<b>60 mg</b>	<b>SQ</b>	<b>Every 6 months</b>

Printed Physician Name: \_\_\_\_\_, MD

Physician Signature: \_\_\_\_\_, MD