

BEAUMONT INFUSION CENTERS

ENDOCRINOLOGY PRESCRIPTION

Location / Royal Oak : 248- 551-3168 Troy : 248-964-2409 Lenox : 947-523-4061 Wayne : 734-467-2505
 Fax Number Grosse Pointe : 586-498-4497 Farmington Hills : 248-471-8217 Dearborn : 313-593-5802 Livonia : 734-542-3356

Patient Name:	Date of Birth:	Medical Record #:
Physician Name:	Address:	Office #:
Diagnosis:		Diagnosis Code (ICD-10):

PATIENT INFORMATION

Please attach these required documents to Prescription (if not in EPIC):

- Copy of Insurance Card Labs Supporting clinical documentation Patient Demographics
- NKDA
- Drug Allergies: _____

Height: _____ ft _____ in **Weight:** _____ kg / lbs **Date:** _____

LABS: *Please provide patient with a prescription and instruction to have drawn prior to Infusion Center Appointment.*

- Prolia requires serum calcium every 3 months prior to each injection
- Reclast requires Serum Creatinine & Calcium every 3 months prior to infusion
- Boniva requires Serum Creatinine & Calcium every 3 months prior to infusion
- Evenity requires serum calcium every 3 months

LAB RESULTS:

- Serum Calcium: _____ Date of Result: _____
- Serum Creatinine: _____ Date of Result: _____
- Creatinine Clearance (calculated by Cockcroft-Gault based on actual body weight): _____

MEDICATION	DOSE	# Doses
<input type="checkbox"/> DENOSUMAB (PROLIA)	60mg SQ <input type="checkbox"/> every 6 months for 2 total doses OR <input type="checkbox"/> one dose only	
<input type="checkbox"/> IBANDRONATE SODIUM (BONIVA)	3mg IVP over 30 seconds every 3 months	
<input type="checkbox"/> ROMOSUZUMAB (EVENITY)	210 mg SQ every month <small>*Patients may only receive 12 consecutive monthly doses</small>	
<input type="checkbox"/> ZOLEDRONIC ACID (RECLAST)	5 mg IV over 30 minutes	One

Reaction Orders:

- Notify physician
- Adult Standard Anaphylaxis Protocol

Flush Orders:

- NaCL 0.9% 10 ml flush per protocol.

Physician Signature _____ **Beeper#** _____ **Date** _____ **Time** _____