



Patient Name  
DOB  
MRN  
Physician  
FIN

Defaults for orders not otherwise specified below:

- Interval: Every 168 days
- Interval: \_\_\_\_\_

Duration:

- Until date: \_\_\_\_\_
- 1 year
- \_\_\_\_\_ # of Treatments

Anticipated Infusion Date \_\_\_\_\_ ICD 10 Code with Description \_\_\_\_\_

Height \_\_\_\_\_ (cm) Weight \_\_\_\_\_ (kg) Allergies \_\_\_\_\_

Provider Specialty

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Allergy/Immunology  | <input type="checkbox"/> Infectious Disease           | <input type="checkbox"/> OB/GYN         | <input type="checkbox"/> Rheumatology       |
| <input type="checkbox"/> Cardiology          | <input type="checkbox"/> Internal Med/Family Practice | <input type="checkbox"/> Other          | <input type="checkbox"/> Surgery            |
| <input type="checkbox"/> Gastroenterology    | <input type="checkbox"/> Nephrology                   | <input type="checkbox"/> Otolaryngology | <input type="checkbox"/> Urology            |
| <input type="checkbox"/> Genetics            | <input type="checkbox"/> Neurology                    | <input type="checkbox"/> Pulmonary      | <input type="checkbox"/> Wound Care         |
| <b>Site of Service</b>                       |   |   |   |
| <input type="checkbox"/> SH Gerber           | <input type="checkbox"/> SH Lemmen Holton (GR)        | <input type="checkbox"/> SH Pennock     | <input type="checkbox"/> SH United Memorial |
| <input type="checkbox"/> SH Helen DeVos (GR) | <input type="checkbox"/> SH Ludington                 | <input type="checkbox"/> SH Reed City   | <input type="checkbox"/> SH Zeeland         |

**Appointment Requests**

- Infusion Appointment Request**  
Status: Future, Expected: S, Expires: S+366, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after, Injection and possible labs

**Safety Parameters and Special Instructions**

- ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 5 DENOSUMAB (PROLIA):**  
  
Ensure adequate calcium and vitamin D intake to prevent or treat hypocalcemia.  
  
MEDICATION GUIDE: An FDA-approved patient medication guide, which is available with the product information and should be dispensed with this medication. [https://www.accessdata.fda.gov/drugsatfda\\_docs/label/2017/125320s181lbl.pdf#page=27](https://www.accessdata.fda.gov/drugsatfda_docs/label/2017/125320s181lbl.pdf#page=27)  
  
Monitor serum calcium levels regularly throughout treatment due to risk for hypocalcemia.

**Labs**

- Comprehensive Metabolic Panel (CMP)**  
Status: Future, Expected: S, Expires: S+184, URGENT, Clinic Collect, Blood, Blood, Venous
- Complete Blood Count w/Differential**  
Status: Future, Expected: S, Expires: S+184, URGENT, Clinic Collect, Blood, Blood, Venous
- Magnesium, Blood Level**  
Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous
- Phosphorus, Blood Level**  
Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous

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**NOTE: Epic Treatment/Therapy Plan Orders. To be scanned/attached to the appropriate Infusion Referral Order in Epic.**

Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.

