

Name: _____
MRN: _____
DOB: _____

Today's Date _____ Time _____

Diagnosis: _____ Other: _____

Age: _____ Height (cm): _____ Weight (kg): _____ BSA (m²): _____

ALLERGIES/Sensitivities: NKDA or _____

Start Date (at least 1 wk from today): _____ **Urgent (Call Infusion Center)**

Treatment Department: EHW OP Infusion

Appointment Requests: Tolerance: Use default, for chronic treatments order valid for 1 year

Infusion Appointment Request - Injection Every 168 days

Treatment Conditions (Administer treatment if): Order will be done as per appointment frequency

Corrected Calcium GREATER THAN OR EQUAL TO 8.3 mg/dl (within 30 days)

Note: corrected calcium = $[(0.8 \times (4 - \text{Patient's Albumin})) + \text{Serum Calcium}]$

Patients should not have invasive dental procedures (i.e. direct bone injury, placement of implants, etc.) (within +/- 2 months of Denosumab)

Labs: Lab (if selected) will be done as per appointment frequency selected above (unless specified)

Comprehensive Metabolic Panel Once

Provider Communication: Order will be done as per appointment frequency

Order calcium (> =1000 mg/day) and vitamin D (> = 400 units/day) to prevent or treat hypocalcemia
Consider obtaining baseline dental exam and then every 6 months while on denosumab.

Medications: Order will be done as per appointment frequency

Denosumab (Prolia®) subQ injection 60 mg, Once, starting 60 minutes (1 hour) after treatment start time

Inject subcutaneously into the upper arm, upper thigh, or abdomen
Allow to rest outside of fridge for 30 minutes prior to administration

Emergency Medications Order will be done as per appointment frequency

Hypersensitivity reaction protocol

Protocol Document: <https://emory.ellucid.com/documents/view/15307/15641>

All information provided on this form & calculations have been independently confirmed & recalculated as indicated by signature(s) below

Licensed Medical Professional

Print Name: _____
Signature _____
Date _____
Contact # _____

Attending Physician

Print Name: _____
Signature _____
Date _____
Contact # _____