MIDLAND HEALTH MIDLAND, TX

INSTRUCTIONS: Date and record the time when the orders are put into effect. Press firmly using a ball point pen. DO NOT use a felt-tip pen.

The following abbreviations and symbols are NOT approved for use: (the accepted practice is in parenthesis) u (units) IU (International Units)
MS or MSO4 (morphine sulfate) MgSO4 (magnesium sulfate) QD or QOD (daily and every other day)
The use of a leading decimal point without a leading zero, or the use of a trailing zero after the decimal point.

DATE: _____ TIME: _____ ALLERGIES: _____

Outpatient Denosumab (PROLIA®) Standarized Orders

J0897

1. Admit as Outpatient

2. Diagnosis Code:

____ Osteoporosis, unspecified (M81.0)

____ Senile Osteoporosis, post menopausal osteoporosis (M81.0)

____ Osteoporosis, other (M81.6-M81.8)

____ Other (Specify ICD-10-CM)

Prior Treatment History (if any):

_____Alendronate generic _____Fosamax ® (alendronate sodium) _____Actonel® (risedronate sodium)

_____Boniva® (ibandronate sodium) _____Other

Date of last treatment (if any):_____

3. Lab Studies: Calcium Level (**Normal**: Proceed with treatment **Abnormal**: Notify physician)

4. Administer denosumab (Prolia®) 60mg subcutaneous

5. Notify MD of side effects, discomfort, or problems.

6. Oxygen per home use _____Yes _____No (If yes, may use home O2)

7. Discharge when treatment complete.

Physician's Signature_____

Date Signed _____ Time Signed _____

(PATIENT LABEL)

PATIENT NAME
PATIENT DOB
MR#:
Acct #:

Outpatient Denosumab (PROLIA®) Standarized Orders
Outpatient Treatment Center
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Effective: 09/30/2015
Last Reviewed: 05/13/2026
Scan to Physician Order