Borough Park 1428 36th Street Suite 107 Brooklyn, NY 11218

Sheepshead Bay 2546 East 17th Street Fl, 1 Brooklyn, NY 11235

Bronx 226 West 238th Street Bronx, NY 10463

Provider

36-36 33rd Suite 311 Long Island City, NY 11106

Forest Hills

64-05 Yellowstone Blvd CF104

Forest Hills, NY 11375

Long Island City

Massapequa 97 Grand Avenue Massapequa, NY 11758

FIDI 30 Broad Street Suite 401 New York, NY 10004

120 East 56 Street Suite 300 New York, NY 10022

Gramercy 7 Gramercy Park West Lower Level New York, NY, 10003

E 56th & Park Midtown
120 East 56 Street
Suite 300
Suite 1E

E 70th St Upper East Side
225 E 70th Street
Suite 1E New York, NY 10021

> Central Park West 115 Central Park West Suite 15 New York, NY 10023





Tarrytown 555 Taxter Road 3rd Floor Elmsford, NY 10523

Port Jefferson 12 Medical Drive Suite B Port Jefferson Station, NY 11776

Staten Island 27 New Dorp Lane Staten Island, NY 10306

Southampton 625 Hampton Road

Suite A Riverhead, NY 11901

Holbrook 233 Union Avenue Suite 207

Holbrook, NY 11741

Suite 201 Manhasset, NY 11030 Southampton, NY 11968 Riverhead 1228 E Main Street

Rockville Centre 165 North Village Avenue Suite 133 Rockville Center, NY 11570

Manhasset

333 East Shore Road

New Hyde Park 1991 Marcus Ave Suite 110 Lake Success, NY, 11042

Woodbury 7600 Jericho Tpke, Lower Level, Suite C500 Woodbury NY 11797

MEDICATION ORDERS DDOLLY (DENIOCITY VD)

	PATIENT IN	FORMATION
Name:		DOB:
Allergies:		Date of Referral:
	REFERRA	AL STATUS
	☐ New Referral ☐ Dose or Fred	
	INFUSION OFFICE PRE	
Preferred Location*:		·
	ocations may be found at: https://metroinfusio ill be accommodated based on infusion cente	
	DIAGNOSIS AN	D ICD 10 CODE
☐ Age related Osteop	porosis without current pathological fracture	ICD10 Code: M81.0
\square Age related Osteoporosis with current pathological fracture		ICD10 Code: M80.0
☐ Other Diagnosis: _		ICD10 Code:
	REQUIRED DO	CUMENTATION
☐ This signed order form by the provider		☐ Clinical/Progress notes
☐ Patient demographics AND insurance information		☐ Labs and Tests supporting primary diagnosis
☐ Serum creatinine and serum calcium level		☐ DEXA scan results and/or FRAX score
☐ Documentation of oral hygiene		☐ Menopause: Age ☐ Hysterectomy: Age_
List Tried & Failed The	erapies, including duration of treatment (please	e comment specifically on bisphosphonates):
1)		
1) 2)		
	MEDICATIO	DN ORDERS
	MEDICATION → Prolia 60mg SubQ every 6 months	DN ORDERS
2)	☐ Prolia 60mg SubQ every 6 months	
Dosing	☐ Prolia 60mg SubQ every 6 months	
Dosing	☐ Prolia 60mg SubQ every 6 months ☐ X 6 months ☐ X 1 year	□ doses
Dosing Refills:	☐ Prolia 60mg SubQ every 6 months	□ doses
Dosing	☐ Prolia 60mg SubQ every 6 months ☐ X 6 months ☐ X 1 year PRESCIBER IN	☐ doses FORMATION
Dosing Refills: Prescriber Name:	☐ Prolia 60mg SubQ every 6 months ☐ X 6 months ☐ X 1 year	□ doses

Phone _____

Fax __