Westerville 575 Copeland Mill Road Suite# 2F Westerville, Ohio 43081

Provider





Lancaster 2405 Columbus Street Suite# 210 Lancaster, Ohio 43130

MEDICATION ORDERS Jubbonti (denosumab-bbdz)

JUDUOIIII (de	enosumab-bbdz)		Date:			
		PATIENT IN	FORMATION			
Name:			DOB:			
Allergies:			Date of Referral:			
		REFERRA	L STATUS			
	☐ New Referral	☐ Dose or Freq	uency Change	☐ Order Rene	ewal	
Warnings and Precaution		- 1/2024/ 7 61262-0	عد ا مال ۱۰۰			
https://www.accessdata.fda.g	ov/drugsatida_docs/fat	001/2024/76136280	ooibi.pai			
DIAGNOSIS AND ICD 10	CODE INDICATIONS					
ICD 10:		Jubbonti Is a RANK ligand (RANKL) inhibitor indicated for treatment: ☐ of postmenopausal women with osteoporosis at high risk for fracture. ☐ to increase bone mass in men with osteoporosis at high risk for fracture ☐ of glucocorticoid-induced osteoporosis in men and women at high risk for fracture ☐ to increase bone mass in men at high risk for fracture receiving androgen deprivation				
ICD 10						
ICD 10:						
TCD TO						
therapy for non metastatic prostate cancer □ to increase bone mass in women at high risk for fracture receiving adjuv						
aromatase inhibitor therapy for breast cancer					e receiving adjuvant	
		REQUIRED DOC	CUMENTATION			
☐ Signed/Dated RX		☐ Pt Demographics				
☐ Recent Progress notes	☐ Pt Insurance information and picture of cards					
☐ Recent DEXA	☐ Recent CMP					
List Tried & Failed Therapie	s, including duration o	t treatment (please	comment specifica	illy on bisphosphon	ates):	
1)						
2)						
JUBBONTI MEDICATION ORDERS						
Dosing	☐ 60mg SubQ ever	bQ every 6 months				
Refills:	☐ X 6 months	□ X 1 year	□ dose	es		
		DDECCIDED IN	CORMATION			
Prescriber Name:		PRESCIBER IN	-ORMATION			
Office Phone:	Off	ice Fax:		Office Email:		
Prescriber Signature:	011	ice rux.		Date:		
Treseriser enginaturer				D ate.		
				•		
ADDEDING DOON	(IDED					
ORDERING PROV	IDEK					
Signature X			Date		Fax	

Phone _____ Provider NPI__