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

**Forest Hills**
64-05 Yellowstone Blvd
CF104
Forest Hills, NY 11375

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

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

**Bronx**
226 West 238th Street
Bronx, NY 10463

**Massapequa**
97 Grand Avenue
Massapequa, NY 11758

**NYC**

**E 56th & Park Midtown**
120 East 56 Street
Suite 300
New York, NY 10022

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

**FIDI**
30 Broad Street
Suite 401
New York, NY 10004

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

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

ThrIVewell INFUSION
Office: 212-803-3339 Fax : 646-768-8600

Mission Medical

**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
Southampton, NY 11968

**Riverhead**
1228 E Main Street
Suite A
Riverhead, NY 11901

**Holbrook**
233 Union Avenue
Suite 207
Holbrook, NY 11741

**Manhasset**
333 East Shore Road
Suite 201
Manhasset, NY 11030

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

**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

# DENOSUMAB

**Date:** _____

## PATIENT INFORMATION

| | | |
|---|---|---|
| Name: | DOB: | SEX: M ☐ F ☐ |
| ICD-10 code (required): | ICD-10 description: | |
| ☐ NKDA Allergies: | | Weight lbs/kg: |

## REFERRAL STATUS

☐ New Referral ☐ Referral Renewal ☐ Medication/Order Change ☐ Benefits Verification Only ☐ Discontinuation Order

## PHYSICIAN INFORMATION

| | |
|---|---|
| Referral Coordinator Name: | Referral Coordinator Email: |
| Ordering Provider: | Provider NPI: |
| Referring Practice Name: | Phone: Fax: |
| Practice Address: | City: State: Zip Code: |

## DENOSUMAB IV BRANDS:

☐ **Prolia** ☐ **Jubbonti** ☐ **Stoboclo** ☐ **Bildyos** ☐ **Ospomyv** ☐ **Conexxence** ☐ **Bosaya** ☐ **Enoby** ☐ **Boncresa**

### DIAGNOSIS *Please provide ICD-10 code*

☐ Age related Osteoporosis without current pathological fracture
ICD10 Code: M81.0

☐ Age related Osteoporosis with current pathological fracture
ICD10 Code: M80.0

☐ Other Diagnosis: _____

ICD10 Code: _____

### PATIENT WEIGHT

_____ lbs.

_____ kg

**DOSAGE**:

☐ 60mg SubQ every 6 months

**Refills:**

☐ X 6 months
☐ X 1 year
☐ _____ doses

### REQUIRED DOCUMENTATION CHECKLIST:

☐ _____ This signed order form by the provider
☐ _____ Patient demographics AND insurance information
☐ _____ Serum creatinine and serum calcium level
☐ _____ Documentation of oral hygiene
☐ _____ Clinical/Progress notes
☐ _____ Labs and Tests supporting primary diagnosis
☐ _____ DEXA scan results and/or FRAX score
☐ _____ Menopause: Age_____
☐ _____ Hysterectomy: Age_____

### NOTES/ADDITIONAL COMMENTS:

List Tried & Failed Therapies, including duration of treatment (please comment specifically on bisphosphonates):

1)

2)

***If the medication selected above is not covered or is non-preferred by the patient's insurance, the prescribing provider authorizes consideration of the clinically appropriate alternatives listed below. Final medication selection will be based on provider clinical judgment and/or payer requirements. Provider signature below confirms authorization for the above substitution(s), if applicable.***

**DENOSUMAB IV BRANDS:**

☐ **Prolia** ☐ **Jubbonti** ☐ **Stoboclo** ☐ **Bildyos** ☐ **Ospomyv** ☐ **Conexxence** ☐ **Bosaya** ☐ **Enoby** ☐ **Boncresa**

### ORDERING PROVIDER

Signature **X** _____ Date _____

Provider _____ Phone _____ Fax _____