



NECS

Infusion Center

Kennbunk – Scarborough – Topsham
Portsmouth

Phone: 207-303-3225 Fax: 207-692-2473

Prolia/Xgeva(Denosumab) & Reclast(Zoledronic acid) Order Form

Patient Name: _____	DOB: _____
Diagnosis: _____	Diagnosis Code: _____
Height: _____ (cm) Actual Weight: _____ (kg) Allergies: _____	

**Serum calcium is required within 60 days of appointment for denosumab and zoledronic acid.
Serum creatinine is required within 30 days of appointment for zoledronic acid**

Ensure adequate calcium and vitamin D intake to prevent or treat hypocalcemia. Calcium 1,000 mg/day and vitamin D ≥ 400 units/day is recommended.

Is the patient currently taking calcium and vitamin D? Yes No, reason for not taking

Please list any premeds needed here: _____

*** In the event of a hypersensitivity reaction, patients will be treated according to NECS protocols for the management of infusion-room drug reactions.**

Xgeva (denosumab) dosing CPT J0897: 120mg SQ every 4 weeks.
Orders valid through ___ / ___ / ___

Prolia(denosumab) dosing CPT J0897: 60mg SQ every 6 months.
Orders valid through ___ / ___ / ___

Reclast (zoledronic acid) CPT J3489
Serum creatinine prior to each dose
 Reclast 5mg IV every 12 months
 Reclast 5mg IV every 24 months
Orders valid through ___ / ___ / ___

Provider Name: _____		
Provider Signature: _____		Date: _____
Phone: _____	Fax: _____	Pager: _____