

 <p>VANCOUVER CLINIC[®] ADULT AMBULATORY NON-CHEMO INFUSION REFERRAL and ORDER Attn: Infusion department Denosumab (PROLIA[®]) Zoledronic Acid (RECLAST[®]) Evenity (ROMOSOZUMAB[®])</p>	<p>NAME: DOB: INSURANCE: PROVIDER NAME: CLINIC NAME and Phone number:</p>
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Weight: _____ lb/kg Height: _____ inch/cm
 Diagnostic Code ICD-10: _____ Diagnosis: _____

Initial Consult Annual Renewal
 Treatment Start Date: _____

****These orders will expire after 365 days; new orders are needed after the expiration date****

This form serves as a referral to infusion services and for medication ordering.
 Patients will be seen by our internal infusion clinician for purposes of providing care.

GUIDELINES FOR ORDERING:

- Send FACE SHEET and H&P or most recent chart note.
- Vancouver clinic infusion service will initiate Adverse Reaction Algorithm per our service protocol.
- Pre-medication(s) based on protocol (if needed)
- If labs are not accessible through Epic, please fax a copy of request lab as well (see below).
 Otherwise, authorized Vancouver Clinic infusion clinician to order the lab.
- This order should be used in patients with osteoporosis, osteopenia or Paget’s disease.
- Hypocalcaemia must be corrected before initiation of therapy. All patients should be on a calcium rich diet or prescribed daily calcium and all patients should take a minimum of vitamin D 2000 international units supplementation daily. Patients with significantly low calcium levels will be referred back to the ordering provider for correction before proceeding.
- Risk versus benefit regarding osteonecrosis of the jaw and hip fracture must be discussed with patients prior to starting treatment.
- In patients with high risk of hypocalcaemia, mineral metabolism (hyperparathyroidism, thyroid surgery, parathyroid surgery; malabsorption syndromes, excision of small intestines) recommend clinical monitoring of magnesium and phosphorus levels prior to treatment.
- Patient must be able to ambulate independently (if patient needs assistance with restrooming, a personal caregiver or capable family member must accompany and remain with patient for the duration of the appointment).

LABS:

- CMP within 30 days of infusion appointment. Zoledronic acid (RECLAST) is contraindicated in patients with creatinine clearance less than 35 mL/minute.
- In patients predisposed to hypocalcemia and disturbances of mineral metabolism clinical monitoring of calcium, magnesium and phosphate is highly recommended within 14 days of each Prolia[®] injection.

Please fax the completed form and pertinent information to Fax: 360-604-1776

Vancouver Clinic Outpatient Infusion Service - 700 NE 87th Ave Suite 330, Vancouver, WA 98664
Phone: 360-541-3245



VANCOUVER CLINIC

**ADULT AMBULATORY NON-CHEMO
INFUSION REFERRAL and ORDER**

Attn: Infusion department

**Denosumab (PROLIA®)
Zoledronic Acid (RECLAST®)
Evenity (ROMOSUZUMAB®)**

NAME:

DOB:

INSURANCE:

PROVIDER NAME:

CLINIC NAME and Phone number:

MEDICATIONS:

Zoledronic acid (RECLAST®)

- Zoledronic acid (RECLAST), 5 mg, intravenous, ONCE, infused over 20 minutes. Infuse 0.9% sodium chloride at 500 mL/hr for 15 minutes before and 15 minutes after the Reclast infusion to make sure that the patient gets 250 mL of fluid in during the infusion visit.

Denosumab (PROLIA®)

- Denosumab (PROLIA) injection, 60 mg, subcutaneous, every 180 days (about 6 months) x 2 doses.

Romosozumab (EVENITY®)

- Romosozumab (EVENITY®) 210 mg, subcutaneous, every month x 12 doses.

Provider's signature: _____

Provider's printed name: _____ **Date:** _____

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