



**Patient Information**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Patient Contact #: \_\_\_\_\_

**Medical Assessment**

Diagnosis:

- M80.0\_\_ Age related Osteoporosis with current fracture
- M81.0 Age related Osteoporosis without current fracture
- C61 Malignant Neoplasm of the Prostate
- C50. \_\_ Breast Cancer
- Other: \_\_\_\_\_

Failed Medications: \_\_\_\_\_

Has the patient tried and failed oral bisphosphonates? If so, which ones and when? \_\_\_\_\_

Dexa Scan T Score: \_\_\_\_\_ Type: \_\_\_\_\_ Date: \_\_\_\_\_

Fracture History: Site \_\_\_\_\_ Date: \_\_\_\_\_

Thyrogen Use: (Please mark)

- Use as an adjunctive treatment as pre-therapeutic stimulation for radioiodine ablation of thyroid tissue remnants in patients maintained on thyroid hormone suppression therapy who have undergone a near-total or total thyroidectomy for well-differentiated thyroid cancer without evidence of distant metastatic thyroid cancer.
- Use as an adjunctive diagnostic tool for serum thyroglobulin (Tg) testing, with or without radioiodine imaging, in the follow-up of patients with well-differentiated thyroid cancer
- Other: \_\_\_\_\_

**Pre-Medication Orders:**

- APAP  325mg  500mg  650mg - PO 30 minutes before infusion.
- Diphenhydramine  25mg  50mg – PO 30 minutes before infusion.  
 25mg IVP  50mg IVP
- Alternate Oral Antihistamines:  Cetirizine 10mg  Loratadine 10mg  Fexofenadine 60mg or  180mg
- Methylprednisolone  40mg IVP  125mg IVP or other \_\_\_\_\_ mg IVP
- Famotidine  20mg PO  40mg PO  20mg IVP  40mg IVP
- Ondansetron  4 mg IVP  4 mg PO

**Labwork:** \_\_\_\_\_ To be Drawn by:  Infusion Clinic  Referring Provider

**Allergies:** \_\_\_\_\_

**Medication**

**Thyrogen (thyrotropin alpha)**

Dosage / Frequency:

- Thyrogen 0.9mg IM injection on day 1 and 2.

**Evenity (romosozumab-aqqg)**

Dosage / Frequency:

- Evenity 210mg SQ injection monthly for 12 months.

**Maintenance Refills:** \_\_\_\_\_

**Ibandronate Sodium (generic Boniva)**

Dosage / Frequency:

- Ibandronate sodium 3 mg IV push administration over 15-30 seconds every 3 months.

**Maintenance Refills:** \_\_\_\_\_

**Prolia (denosumab)**

Dosage / Frequency:

- Prolia 60mg SQ every 6 months

**Maintenance Refills:** \_\_\_\_\_

**Zoledronic Acid (generic Reclast)**

Dosage / Frequency:

- Zoledronic acid 5mg / 100ml IV administration single dose (x1) over 30 minutes.

**Maintenance Refills:** \_\_\_\_\_

**Physician Prescription Orders**

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Clinic Contact: \_\_\_\_\_ Physician Name: \_\_\_\_\_

NPI # \_\_\_\_\_ *Physician Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_