

Revitalize Infusion Center
885 Liberty Road Suite 300 Flowood, MS 39232
1067 Highland Colony Parkway Suite G Ridgeland, MS 39157
Phone: 601-213-0069 Fax: 601-714-1569

Patient Name:	DOB:
Allergies:	

Diagnosis: ☐ Age-related Osteoporosis (M81. 0) ☐ Paget's disease of the bone (_____)

☐ Other _____

****REQUIRED INFORMATION****

- This signed order from the provider
- Patient demographics & insurance information
- Clinical/Progress Notes, Labs, Tests supporting primary diagnosis
- DEXA scan (-2.5 T score or more severe) within 2 years
 - if no -2.5 T score, please send history of fracture documentation
- **Required Labs:** Calcium within 30 days if 1st dose / Calcium within 6 months if subsequent dose

PROLIA ORDER

☐ **Prolia 60mg subcutaneous injection every 6 months**

*Date of last Prolia injection (if applicable): _____

Patient Weight: _____

Refills: _____

Other: _____

Additional Instructions: _____

Prescriber's Signature:	Date:
Prescriber's Name:	Phone: