



Fax your completed order to 877-734-1157

Patient Name: _____ DOB: _____ Date of Last Infusion: _____
Height _____ Weight _____
Infusion Location: (state and site) _____

Xgeva® (denosumab) Infusion Orders

Table with 2 columns: Diagnosis (please add ICD-10) and corresponding medical conditions like Bone metastasis, Associated with solid tumors, Postmenopausal Osteoporosis, etc.

Nursing Order:

-Hold treatment and notify provider for:

- o Hypercalcemia or hypocalcemia
o Patient is also on Prolia
o Jaw mouth or tooth pain following treatments/Thigh, hip or groin pain
o Suspected pregnancy
o Hold for any invasive dental work

Lab Orders:

- o Obtain serum creatinine and calcium level 14 days prior to each infusion

Current Calcium level _____

Dosing:

Table with 2 columns: Indication (Multiple myeloma/bone metastasis from solid tumor, Giant cell tumor of bone/hypercalcemia of malignancy) and Dosing (120mg sub-q every 4 weeks, 120mg sub-q every 4 weeks with additional doses on day 8 and day 15 of the first month of treatment)

All infusion should be given in the upper arm, upper thigh or abdomen

Discharge education:

- Continue with calcium and vitamin D supplements as instructed by provider
• Complete Serum Calcium and Creatinine lab 14 days prior to next scheduled infusion

Provider Name (print): _____ Date: _____

Provider Signature: _____ Time: _____