

Doctor's Order Sheet
Denosumab 120 mg
 Regimen: Cycles 2+
ARIA Protocol Name: Denosumab 120 mg
 Adult Chemotherapy - Medical Oncology
 Giant Cell Tumour of the Bone

Name: _____
 HCN: _____
 Date of Birth: _____



CC7710 0591 08/2025

Allergies:	<input type="checkbox"/> No Known
Date: <u>DD/MONTH/YYYY</u> Planned Administration Date: <u>DD/MONTH/YYYY</u> Cycle <u> </u> of <u> </u> Cycle Duration: 28 days Date of previous cycle: <u>DD/MONTH/YYYY</u>	
MAY PROCEED WITH DOSES AS WRITTEN IF: <ul style="list-style-type: none"> • ANC greater than or equal to 1 X 10⁹/L and platelets greater than or equal to 50 X 10⁹/L, otherwise notify Medical Oncologist. 	
PREMEDICATIONS: <input type="checkbox"/> Other: _____	
CHEMOTHERAPY (FOR COMMUNITY PHARMACY): <input type="checkbox"/> denosumab 120 mg SC on day 1	

PLEASE REFER TO CHEMOTHERAPY LETTER WHEN ORDERING SUPPORTIVE MEDICATIONS FOR THIS PATIENT

Authorized Prescriber: _____ Date: DD/MONTH/YYYY Time: _____

Authorized Prescriber's Signature: _____ ID #: _____

Nurse's Name: _____ Date: DD/MONTH/YYYY Time: _____

Nurse's Signature: _____

THIS IS A CONTROLLED DOCUMENT. PLEASE ENSURE THAT YOU ARE READING THE MOST RECENT VERSION.