

EVENITY

Please include the following to expedite the order:

Patient Demographics, Insurance Information, Labs

PATIENT INFORMATION

Referral Status: ☐ New Referral ☐ Updated Order ☐ Order Renewal

Patient Name: _____ DOB: _____ Gender: ☐ M ☐ F ☐ Other _____

Address: _____ City: _____ State: _____ Zip: _____ Phone: _____

PRESCRIBER INFORMATION

Prescriber Name: _____ DEA: _____ NPI: _____ State License: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

CLINICAL INFORMATION

Diagnosis: ☐ M80.0__ (Age-related Osteoporosis w/ current pathological fracture)

☐ M81.0 (Age-related Osteoporosis w/o current pathological fracture) ☐ Other: _____

Allergies: _____ Weight: _____ ☐ Kg ☐ Lbs Height: _____ ☐ cm ☐ in

CBC Completed: ☐ Yes ☐ No CMP/LFTs Completed: ☐ Yes ☐ No T-Score: ____ DEXA Date: _____

TREATMENT INFORMATION

EVENITY (romosozumab-aqqg)

Route: Subcutaneous injection

Dose: ☐ 210 mg (2x105mg)

Frequency:

☐ Every month for 12 monthly doses

Premedication Protocol: (Not Usually Indicated)

☐ Diphenhydramine: ☐ 25mg ☐ 50mg ☐ PO ☐ IV

☐ Acetaminophen: ☐ 325mg ☐ 500mg ☐ 650mg PO

☐ Other: _____

Sig: _____

Special Instructions: _____

Quantity: _____ **Refills:** _____

Provider Name: _____ **Provider Signature:** _____ **Date:** _____

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