



Infusion for Health
77 Rolling Oaks Drive, Suite 201
Thousand Oaks, CA 91361
Phone: 805-719-3700 Fax: 805-852-2636

EVENTITY INJECTION ORDER
(romosozumab-aqqg)

*****Please fax a copy of patient's demographics, insurance information, lab results within 30 days, original DEXA images and reports, medication list, and recent office notes.***

Date: ___/___/___

Patient Name: _____ DOB: ___/___/___

Allergies: _____ Wt: _____ lbs / kg Ht: _____

Diagnosis: _____ ICD-10: M80.0 _____ (see encounter type)

Diagnosis made by: T-score (Dexa) Please list WORST T-score and date: _____

History of fractures: must be within a year & in patient's chart notes

Eventity (romosozumab-aqqg) Dosage:

210 mg subcutaneous (2 x 105 mg)

Once a month for 12 months.

Labs drawn on: _____ (Calcium within 30 days)

Serum Calcium: _____ Serum Creatinine: _____ Vitamin D: _____

***See package insert regarding serum calcium monitoring**

Printed Provider's Name: _____ NPI: _____

Provider's Signature: _____ Date: ___/___/___

Office phone number: _____ Office Fax: _____

Office address: _____ Contact person: _____