

# Evenity Injection Order

(Romosozumab-aqqg)



InfusionForHealth.com  
Ph: 888-777-1945 | Fax: 805-852-2636

Date: \_\_\_\_\_ Treatment Location: \_\_\_\_\_

**\*Please fax a copy of the following patient information:**

- Demographics       Insurance Information       Current Medications  
 Original DEXA images and Reports       Recent Office Notes  
 Current CBC & CMP (calcium within 30 days)

## PATIENT INFORMATION

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Allergies: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs / kg      Height: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

ICD-10: \_\_\_\_\_

## PROVIDER INFORMATION

Printed Provider's Name: \_\_\_\_\_

**Signature:** \_\_\_\_\_

NPI: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Office Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Email: \_\_\_\_\_

## EVENITY (ROMOSUZUMAB-AQQG) DOSAGE:

Date of Last Treatment, If Continuation: \_\_\_\_\_

**210 mg subcutaneous (2 x 105 mg)  
once a month for 12 months**

Labs drawn on: \_\_\_\_\_

Serum Calcium: \_\_\_\_\_ Serum Creatinine: \_\_\_\_\_

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