

# Evenity Injection Order

(Romosozumab-aqqg)



Ph: 805-719-3700 | Fax: 805-852-2636

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

**\*Please fax a copy of the following patient information:**  Demographics  Insurance Information  Current Medications  
 Lab Results within 30 days  Original DEXA images and Reports  
 Recent Office Notes

## 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: \_\_\_\_\_

## EVENITY (ROMOSUZUMAB-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.**