

Patient Name: _____

DOB: _____ Wt(kg): _____

Allergies: _____ Phone: _____

EVENTITY (Romosozumab-aqqg) SubQ Injection Orders

Required Information:

Signed order from prescribing provider
Patient demographics including insurance information
Supporting clinical documentation: Visit notes
Last DEXA Scan & Calcium Level

Primary Diagnosis:

Osteoporosis (ICD-10: _____)

Other: _____ (ICD-10: _____)

EVENTITY ORDERS

Eventity in two consecutive subq injections (105mg each) for a total dose of 210mg once monthly for 12 months yes no Patient is currently taking calcium/vitamin D supplement

Other: _____ Date of Last Eventity: _____

Administered per manufacturer guidelines

PRE-MEDICATIONS

PO Tylenol _____ mg

PO Cetirizine _____ mg

IV Solu-medrol _____ mg

PO Loratadine _____ mg

PO IV Diphenhydramine _____ mg

PO IV Other: _____ mg

LABS

CBC

ESR

Uric Acid

Frequency:

Every Visit

Every Other Visit

CMP

TB Quantiferon Gold

Other: _____

One time only

Other: _____

CRP

Hep B Core/Surface AG

Other: _____

CPL Acct #: _____

ADDITIONAL INSTRUCTIONS

Please include accommodations to be made for the patient, catheter care, prn orders, etc.

Physician Name:	Phone:	Fax:
Physician Signature:	NPI:	Date: