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EVENITY INJECTION ORDERS

****REQUIRED INFORMATION****

- This signed order form from the provider
- Patient demographics & insurance information
- Dexa Scan

Documentation to support primary diagnosis
(Clinical/progress notes, other medications tried & failed, labs, diagnostic tests, etc.)

Patient Name:	DOB:
Allergies:	Patient Phone:

Diagnosis ICD-10: Osteoporosis (ICD-10: _____)
 _____ (ICD-10: _____)

J Code: J3111

EVENITY SUB Q ORDERS

Patient Wt. _____ kg

*Patient is currently taking calcium/vitamin D supplementation YES NO

Evenity in two consecutive injections (105mg each) for a total dose of 210mg once monthly for 12 months.

Additional Instructions:

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