



EVENTITY™ (Romosozumab-aqqg) ORDER FORM        **STAT REQUEST**  
(\* - Required Fields) >(\*REASON MUST BE PROVIDED BELOW)

New Referral     Order Renewal     Medication/Order Change  
 Benefits Verification Only     Discontinuation Order

PATIENT INFORMATION			
NAME*:	DOB*:	SEX:	M    F
ADDRESS:		PHONE:	
WEIGHT:	LBS    KG	HEIGHT:	EMAIL:
ALLERGIES:			

PHYSICIAN INFORMATION			
PHYSICIAN NAME*:		PRACTICE NAME:	
ADDRESS:		OFFICE CONTACT*:	
PHONE:	FAX:	EMAIL (FOR UPDATES):	

**EVENITY ORDER\*:** \_\_\_\_\_    **ICD-10\*:** \_\_\_\_\_  
(SELECT ONE OF THE FOLLOWING)

Dosing: 210 mg subcutaneously once every month for 12 doses

Patient is taking a minimum of Calcium 1000mg and Vitamin D 400IU daily:  Yes  No

Physician Signature\* \_\_\_\_\_    Date\*(Order is Valid for One Year) \_\_\_\_\_  
*Infusion will be administered per MPP policy and protocols*

REQUIRED DIAGNOSIS:
<input type="checkbox"/> Osteoporosis
<input type="checkbox"/> Osteoporosis Postmenopausal
<input type="checkbox"/> Other _____
 <b>*STAT REASON:</b> <span style="color: red;">(STAT request will be assessed per MPP policy and protocols)</span>
 <b>Last Infusion/Injection Date:</b> _____

REQUIRED DOCUMENTATION CHECKLIST:
<input type="checkbox"/> Patient Demographics
<input type="checkbox"/> Insurance Card/Information
<input type="checkbox"/> Clinical/Progress Notes supporting DX
<input type="checkbox"/> Current Medication List and H&P
<input type="checkbox"/> DEXA Results <i>*if no -2.5 T score, please send history of fracture documentation</i>
<input type="checkbox"/> Normal Calcium Level within 90 days of first injection
<input type="checkbox"/> Patient has not had a myocardial infarction or stroke within the preceding year

**NOTES/ADDITIONAL COMMENTS:**

**Locations:**

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**Colorado**

Lakewood

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**Florida**

Jacksonville  
 Kissimmee  
 Port St. Lucie  
 Winter Park

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**Texas**

Arlington  
 Cedar Hill  
 Dallas  
 Denton  
 Ft. Worth  
 Irving  
 Rockwall  
 Southlake  
 Flower Mound  
 Plano  
 Tyler

REVISION DATE- 6/2020