

Evenity

(romosozumab-aqqg)

Injection Order



- 249 Danbury Rd. Wilton, CT 06897
- 400 Columbus Ave, Valhalla, NY 10595
- 127 Washington Ave, North Haven, CT 06473
- _____

Ph: 203-883-0038 Fax: 203-724-4838

Patient Name: _____

DOB: ____/____/____ M F

Phone: _____

Allergies: _____

Diagnosis: _____

ICD- 10: _____

Please fax patient's demographics, clinical notes, recent DEXA reports, and required lab results with this completed form.

REQUIRED LABS

Serum calcium & Vitamin D level (*upon initiation*)

Test date: ____/____/____ Lab Result: _____

CMP & GFR (*upon initiation*)

Test date: ____/____/____ Lab Result: _____

EVENITY ORDER

DOSAGE

210 mg SQ Injection (2 x 105 mg)

Patient Weight: _____ *lbs* _____ *kg*

Every month for a total of 12 doses

Height: _____ *ft* _____ *in*

NOTES:

Provider's Name: _____ Signature: _____

NPI: _____ Date: _____ Ph: _____ Fax: _____