



Phone: (833) 394-0600 Fax: (833) 996-4888

**Evenity Injection**

*Please fax a copy of patient's Demographics, Insurance Information, Current Lab Results, H&P, and Current Medications and Recent Visit Notes*

**Referral status:**  NEW referral  Dose or frequency change  Order renewal

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Allergies: \_\_\_\_\_ Patient Weight: \_\_\_\_\_ lbs / kg Height: \_\_\_\_\_

Diagnosis :  Osteoporosis, please specify ICD-10 code: \_\_\_\_\_

Other: please specify: \_\_\_\_\_

Attach most recent DEXA scan results: Date: \_\_\_\_\_ T-Score: \_\_\_\_\_

Has the patient had an osteoporotic fracture?  No  Yes, date of fracture: \_\_\_\_\_

In the past year, what medications for the above diagnosis has the patient tried and failed?

N/A continuation of treatment

Drug	Dose	Dates of use

Does patient have a diagnosis or history of any of the following (check all that apply)?:

- Hypocalcemia
- History of hypoparathyroidism
- Thyroid or parathyroid surgery
- Severe renal impairment (CrCl<30)
- Malabsorption syndromes
- Recurrent UTI
- Recent tooth extraction or jaw surgery

NO the patient does NOT have history of any of the above

**Evenity (romosozumab-aqqg) 210 mg subcutaneous injection**  
**Every month for total of 12 doses**

Date of last injection and number of doses already received if applicable: \_\_\_\_\_

<p>Serum calcium required within <b>2 months</b> of first appointment</p> <p><b>Result date:</b> ____/____/____</p> <p><b>Lab Result :</b> _____</p> <p><i>Contraindicated in patients with hypocalcemia</i></p>
--

Printed Provider Name: \_\_\_\_\_

Provider Signature: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_ Office Fax Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

New referring providers, how did you hear about us?  Web Search  Pharma Rep  Drug Locator  Patient Word of Mouth  IA Clinical Liaison  IA Website  Facebook  Instagram  TV/streaming  Other: \_\_\_\_\_