

EVENTITY (romosozumab)

Status	<input type="checkbox"/> New Therapy <input type="checkbox"/> Order Renewal <input type="checkbox"/> Dosage or Frequency Change			
Diagnosis	<input type="checkbox"/> ICD 10 Code: M81.0	Age-related osteoporosis without current pathological fracture		
	<input type="checkbox"/> ICD 10 Code: M80.0	Age-related osteoporosis with current pathological fracture		
	<input type="checkbox"/> ICD 10 Code: _____	Other: _____		
Pertinent Medical History	T-Score (if known): _____			
	Fracture history: <input type="checkbox"/> None <input type="checkbox"/> Skeletal site: _____ Date: _____			
	Prior (Failed or Intolerant) Osteoporosis Therapy (if any): <input type="checkbox"/> Prolia <input type="checkbox"/> Fosamax <input type="checkbox"/> Reclast <input type="checkbox"/> Forteo <input type="checkbox"/> Boniva <input type="checkbox"/> other: _____			
	Patient is currently taking Calcium AND Vitamin D supplementation? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Labs	Has patient had a myocardial infarction or stroke in the past year? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	Patient's weight (most recent): _____ lbs		Date: _____	
	Calcium level: _____		Ca = _____ Date: _____	
	Labs to be drawn by: <input type="checkbox"/> Infusion Clinic <input type="checkbox"/> Referring Physician			
Medication Order	If Infusion Clinic: _____			
	<input type="checkbox"/> Eventity 210mg (two 105mg injections) SubQ once monthly. Refills: <input type="checkbox"/> x 1 year <input type="checkbox"/> x _____ doses <input type="checkbox"/> No refills; give this dose only.			
Monitoring	Monitor for signs/symptoms of hypersensitivity during injection and 15 mins post-injection. For any signs of infusion reaction: Contact on-site provider for instruction.			
Additional Orders				
Physician Information	Physician Name	_____	NPI	_____
	Office Contact	_____	Phone	_____
	Provider Signature:	_____	Date	_____

REQUIRED DOCUMENTATION	
<input type="checkbox"/> Patient Demographics & Insurance Information:	<input type="checkbox"/> Copy of patient's insurance card – front and back <input type="checkbox"/> Clinical / Progress Notes, supporting primary diagnosis: <input type="checkbox"/> Most Recent Labs:
	<input type="checkbox"/> 2 most recent office notes <input type="checkbox"/> Medication history <input type="checkbox"/> CMP and CBC <input type="checkbox"/> DEXA scan (-2.5T score or more severe)

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