Richmond
7110 Forest Ave, Suite 203
Richmond, VA 23226

Prince George
2025 Waterside Rd, Suite 100B
Prince George, VA 23875

Physician Order - Evenity (romosozumab-aqqg)

PATIENT INFORMATION	
Name:	DOB:
Allergies:	Phone Number:
Patient Weight: _____ kg or _____ lb	Patient Height: _____ in

REFERRAL STATUS
☐ New Referral ☐ Dose/Frequency Change ☐ Order Renewal

Location Preference (optional)
☐ Richmond ☐ Prince George

* * If the patient has a central line - we need official placement report, diagnostic imaging to confirm tip placement and date of last access * *

DIAGNOSIS AND ICD-10 CODE	
☐ Osteoporosis w/o current pathological fracture	M81.0
☐ Osteoporosis with current pathological fracture	M80.0
☐ Other Diagnosis:	ICD10 _____

REQUIRED DOCUMENTATION (must include)	
☐ This signed order form by the provider	☐ Clinical/Progress Notes
☐ Patient Demographics AND Insurance Information	☐ Labs and Tests Supporting Primary Dx
☐ DEXA scan results and/or FRAX score	
List Tried & Failed Therapies, including duration of treatment (please comment specifically on bisphosphonates):	
1)	
2)	
3)	

MEDICATION ORDERS
Dosing ☐ Evenity 210mg administer sub q once monthly (maximum 12 doses)
Duration: ☐ x 6 months ☐ x 1 year ☐ doses _____

OPTIONAL PREMEDICATION and LAB ORDERS
☐ Acetaminophen 650mg PO prior to Evenity administration
☐ Diphenhydramine 25mg PO prior to Evenity administration
☐ Methylprednisolone 40mg slow IVP
☐ Other premed or lab order with frequency:_____

In the event of an infusion reaction or adverse event, our covering physician will be notified and appropriate medical care will be administered.

PRESCRIBER INFORMATION		
Prescriber Name:	NPI:	Contact:
Phone:	Fax:	Email:
Prescriber Signature:		Date:

Contact us with questions at: 804-442-3558 or email referrals@theinfusionsolution.com
Fax completed form and ALL required documentation to 804-554-5848
All information contained in this form is strictly confidential and will become part of the patient's record.