



## EVENTITY™ (romosozumab-aqqg) Order Form

**Please include the following (required):**

1. Patient Demographics & Insurance Information
2. DEXA Scan (-2.5 T score or more severe) \*\*if no -2.5 T score, please send history of fracture documentation
3. Documentation to support primary diagnosis (Clinical/progress notes, labs, diagnostic tests, etc.)

\_\_\_\_\_  
**Patient Name**

\_\_\_\_\_  
**DOB**

\_\_\_\_\_  
**Allergies**

\_\_\_\_\_  
**Patient Phone**

**Primary Diagnosis (MUST include ICD-10 code)**

Osteoporosis ICD 10 code: \_\_\_\_\_

**Prescription Orders: Eventity™ 210 mg solution in 2 single-use prefilled syringes.**

Hypocalcemia must be corrected prior to beginning Eventity and the referring Physician will continue monitor patient for hypocalcemia. If the patient has a history of hypocalcemia, the patient’s calcium level needs to be monitored frequently during therapy.

**WARNING:** EVENTITY should not be initiated in patients who have had a myocardial infarction or stroke within the preceding year.

**Sig:** Inject 105 mg/1.17 mL solution subcutaneously in a single-use prefilled syringe. A full dose of EVENTITY requires two single-use prefilled syringes monthly for 12 months.

**\*REQUIRED\* Please check to confirm the following:**

- Patient has not had a myocardial infarction or stroke within the preceding year.
- Labs: Current Calcium Level  $\geq 8.3$  within 90 days of first injection.
- Patient is taking a minimum of Calcium 1000mg and Vitamin D 400IU daily.

\_\_\_\_\_  
**Physician Name**

\_\_\_\_\_  
**Phone**

\_\_\_\_\_  
**Fax**

\_\_\_\_\_  
**Physician’s signature**

\_\_\_\_\_  
**Date**

**Fax completed form to (214) 887-0436. For insurance questions call (214) 276-5642.**

**For any other questions please call (469) 480-9649.**

**Or visit us online at [www.ntinfusioncenters.com](http://www.ntinfusioncenters.com)**