



PATIENT INFORMATION

Patient Name: _____ DOB: _____ Phone: _____ Sex: M F Ht: _____ Wt: _____ lbs kg
 Primary Language: _____ Allergies: _____

<ICD 10 CODE REQUIRED>

DIAGNOSIS & CLINICAL INFORMATION

ICD 10 Code (PROVIDE COMPLETE CODE)

- M80.0 _____ Postmenopausal osteoporosis with pathological fracture
- M81.0 Age-related osteoporosis without a current pathological fracture
- M81.8 Other osteoporosis without current pathological fracture
- Other: _____

REQUIRED: Demographics & Most Recent: H&P, clinical notes, labs, & medication list. Supporting clinical notes to include any past tried and/or failed therapies, intolerance, outcomes, or contraindications to conventional therapy

LAB RESULTS: Include DEXA within 2 years and recent CMP within 6 months

PRESCRIPTION

Pre-Medications

- Acetaminophen: 650 mg PO
- Cetirizine 10 mg PO
- Dexamethasone: _____ mg IV
- Diphenhydramine: 25 mg PO
- Diphenhydramine: 25 mg IV
- Other: _____
- Acetaminophen: _____ mg PO
- Famotidine: 20 mg IV
- Loratadine 10 mg PO
- Methylprednisolone: 125 mg IV
- Ondansetron 4 mg IV

Lab Orders

- CBC w/diff: every _____ weeks months
- CMP: every 6 weeks months
- Other: _____ weeks months

Evenity (romosozumab-aqqg)

SQ: Inject 210 mg subcutaneously monthly x 12 doses

**** CMP required every 6 months for ongoing treatment ****

**** Patient may transition to Denosumab or Reclast (zoledronic acid) one month after last dose of Evenity treatment has been completed. **
(see Denosumab or Reclast (zoledronic acid) order form on website)**

Adverse Events: In the event of an adverse reaction occurring at Oregon Specialty Infusion clinic, OSI will utilize their adverse reactions protocol

Is the patient on any other disease modifying therapy? Yes No

If yes, please note therapy and last dose: _____

PRESCRIBING INFORMATION

Prescriber Name: _____ Signature: _____
 Date: _____ NPI # _____ Specialty: _____
 Office phone #: _____ Office Fax #: _____