



Evenity (romosozumab-aqqg)

New Referral Continuing Treatment Medication Order Change

Patient Information:

Name: _____
 Date: _____
 DOB: _____
 SS#: _____
 Phone #: _____
 Email: _____

Physician Information:

Referring Physician: _____
 Address: _____

 Phone #: _____
 Fax #: _____

Medication Orders

Patient Weight: _____kg Patient Height: _____inches Has the patient had any fractures? Yes No

First Dose Continuing care: current injection # in series _____

Patient currently taking Calcium/Vitamin D supplement? Yes No

Dosing: **210 mg SQ (110mg per syringe) every 4 weeks for a series of 12 injections**

Indication / Diagnosis:

- M81.0 Age related osteoporosis w/o current pathological fracture
- M81.8 Other osteoporosis w/o current pathological fracture
- Other (please specify) _____

ICD-10 (Required) _____

MD Signature: _____ **NPI#:** _____ **Date:** _____

Required Documentation

Please send the following documents and records. This will help streamline the pre-authorization process.

- **If this is a continuation of a treatment, include the last infusion note**
- Patient demographic information sheet
- Copy of insurance card(s) front and back
- Copy of most recent office and consult notes (must include discussion of prescribed drug)
- Current medication list

Most recent diagnostics results to include:

- CMP/BMP
- Vit D
- DEXA (within 2 years)
- Ionized Calcium (if applicable)
- Creatinine

We will contact the patient and schedule their infusion appointment once we have the insurance pre-authorization completed.

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