

Patient Information

Patient Name: _____ DOB: _____ Height: _____ Weight: _____ Patient Contact #: _____

Medical Assessment

Diagnosis:

- ☐ M80.0 __ Age related Osteoporosis with current fracture
☐ M81.0 Age related Osteoporosis without current fracture
☐ C61 Malignant Neoplasm of the Prostate
☐ C50. __ Breast Cancer
☐ Other: _____

Failed Medications: _____

Has the patient tried and failed oral bisphosphonates? If so, which ones and when? _____

Dexa Scan T Score: _____ Type: _____ Date: _____

Fracture History: Site _____ Date: _____

****Please include a demographics page, front and back of an insurance card, any clinical notes with supporting diagnosis, lab-work, tests, and any other supporting documentation including past tried and / or failed therapies associated with diagnosis****

Pre-Medication Orders:

- ☐ APAP ☐ 325mg ☐ 500mg ☐ 650mg - PO 30 minutes before infusion.
☐ Diphenhydramine ☐ 25mg ☐ 50mg – PO 30 minutes before infusion OR ☐ 25mg IVP ☐ 50mg IVP
☐ Alternate Oral Antihistamines: ☐ Cetirizine 10mg ☐ Loratadine 10mg ☐ Fexofenadine 60mg or ☐ 180mg
☐ Methylprednisolone ☐ 40mg IVP ☐ 125mg IVP or other _____ mg IVP
☐ Famotidine ☐ 20mg PO ☐ 40mg PO ☐ 20mg IVP ☐ 40mg IVP
☐ Ondansetron ☐ 4 mg IVP ☐ 4 mg PO

Labwork: _____ To be Drawn by: ☐ Infusion Clinic ☐ Referring Provider**Allergies:** _____**Medication****Evenity (romosozumab-aqqg)**

Dosage / Frequency:

- ☐ Evenity 210mg SQ monthly for 12 months.
☐ Maintenance Refills: _____

Ibandronate Sodium (generic Boniva)

Dosage / Frequency:

- ☐ Ibandronate 3 mg IVEvery 3 months.
☐ Maintenance Refills: _____

Physician Prescription Orders

Address: _____ Phone: _____ Fax: _____

Clinic Contact: _____ Physician Name: _____

NPI # _____ Physician Signature: _____ Date: _____