

Revitalize Infusion Center
885 Liberty Road Suite 300 Flowood, MS 39232
1067 Highland Colony Parkway Suite G Ridgeland, MS 39157
Phone: 601-213-0069 Fax: 601-714-1569

Patient Name:	DOB:
Allergies:	

Diagnosis: ☐ Age-related Osteoporosis (M81.0) ☐ Other _____

****REQUIRED INFORMATION****

- This signed order from the provider
- Patient demographics & insurance information
- Clinical/Progress Notes, Labs, Tests supporting primary diagnosis
- DEXA scan (-2.5 T score or more severe) within 2 years
 - if no -2.5 T score, please send history of fracture documentation
- ☐ Required Labs: Calcium within 30 days prior initial dose

EVENTITY ORDER

☐ **EVENTITY (romosozumab-aqqg)** 210mg/2.34mL (105mg/1.17mL x 2) given subcutaneous injection once monthly x 12 doses

Date of last Prolia Injection (if applicable): _____

Required labs to be drawn by: ☐ Infusion Center ☐ Referring Physician

Patient Weight: _____

Additional Instructions: _____

Prescriber's Signature:	Date:
Prescriber's Name:	Phone: