REVITALIZE
INFUSION CENTER

Evenity®

Infusion Order Form

Patient Information:

_____	_____	_____
Patient Name	**DOB**	**Phone Number**

Medical Information:

Primary Diagnosis:

☐ Age-related Osteoporosis without current fracture ICD-10 Code: M81.0

☐ Age-related Osteoporosis with current fracture ICD-10 Code: M80.0

☐ Other_____ ICD-10 Code: _____

Allergies: _____(or attach list)

Clinical Information – Please include with Completed Order Form:

- Patient Demographic and Insurance Information
- Clinical notes supporting primary diagnosis
- Medication List
  - Currently receiving Calcium/Vitamin D supplementation:
    ☐ Yes ☐ No ☐Other: _____
- Required Information:
  - DXA scan within 2 years
  - Recent serum calcium within 3 months

Height: _____

Weight: _____

Evenity (romosozumab-aqqg) Orders:

☐ Administer 210 mg subcutaneously monthly for 12 total doses*

*Each 210 mg dose will require two syringes (105 mg/1.17 mL each)

Pre-Medication Orders: _____

*No pre-medications are recommended based on the manufacturer's PI

Lab Orders: ☐ Serum calcium level every ____ months

☐Other: _____

Prescriber Information:

By signing this form and requesting these services from Revitalize, I authorize Revitalize and it's clinical team to serve as my Prior Authorization Agent with the Patient's Insurance Provider(s).

_____	_____
Prescriber's Signature	**Date**
_____	_____
Prescriber's Printed Name	**Contact Phone #:**

For Information About Revitalize and or Infusion Plus, please scan the QR code below:

Revitalize | Revitalize Locations | InfusionPlus