4728 N. Habana Ave. Suite 101B, Tampa, FL 33614
Phone: 813.775.9997 | Fax: 813.775.9997
Email: intake@sageinfusion.com | Online: www.sageinfusion.com

(romosozumab - aqqg)

EVENITY injection orders

Patient Name _____ DOB _____

Phone _____ M ○ F ○

DIAGNOSIS *Please provide ICD-10 code*

☐ _____ Age-related osteoporosis ***without*** current pathological fracture

☐ _____ Age-related osteoporosis ***with*** current pathological fracture

☐ _____

☐ _____ _____
(other)

PRE-MEDICATION

☐ Tylenol 1000mg PO

☐ Diphenhydramine 25mg PO

☐ Cetirizine 10mg PO

☐ _____
(other)

EVENITY ORDERS

DOSAGE

⊙ 210mg SQ, every 4 weeks

PATIENT WEIGHT

_____ lbs.

_____ kg

_____ Last Evenity injection date *(if applicable)*

Age-related osteoporosis diagnosis date: _____ Dexascan T ≤ -2.5 or Fracture date: _____

NOTES

_____

ORDERING PROVIDER

Signature **X** _____ Date _____

Provider _____ Phone _____ Fax _____