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(romosozumab - aqqg)

# EVENTITY 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)

## EVENTITY ORDERS

<b>DOSAGE</b>	<b>PATIENT WEIGHT</b>
<input checked="" type="radio"/> 210mg SQ, every 4 weeks	_____ lbs.
	_____ kg
_____ Last Eventity injection date (if applicable)	
Age-related osteoporosis diagnosis date: _____ Dexascan T ≤ -2.5 or Fracture date: _____	

## NOTES

## ORDERING PROVIDER

Signature X \_\_\_\_\_ Date \_\_\_\_\_