



Outpatient Infusion Center
Evenity Order

Please fax form to: 580-585-5472

Patient Information

Patient Name: DOB: Phone: Gender: M F
Patient Address: Email: Insurance:

Additional Information Needed

- Fax front/back of insurance card
Fax clinical/progress notes
Fax labs
Fax patient demographics
Fax current medication list
Fax TB and Hep B results

Diagnosis and Clinical Information

Diagnosis (ICD-10):

- M80.0 Age-related Osteoporosis with Current Pathological Fracture
M81.0 Age-related Osteoporosis without Current Pathological Fracture
M81.8 Other Osteoporosis without current pathological fracture
Other: DX:

Clinical Information:

- New Therapy Induction
Therapy Change
Therapy Continuation
Patient Weight: lbs/ kg
Patient Height: in/ cm
Allergies:
Therapies Tried and Failed:
TB Test: Date: Results:
Hep B Test: Date: Results:
Is patient currently taking Calcium/ Vitamin D supplements?
Does patient have a history of fractures?
Date of last Dexa scan:
Clinical Note for last DEXA scan attached?

Lab Orders

- CBC w/o diff
CMP
ESR
CRP
HBsAg
HBsAB
HBcAB
Quantiferon Gold
Other:

Lab Orders to be done by

- Infusion Services
Referring Provider

Prescription Information

- Evenity
Dose: 210mg (two 150mg Injections)
Frequency: every month for 12 months

Misc Orders

- PICC/Midline/CAD dressing to be changed every 7 days
Flushes
10mL NS Flush Syringe PRN
Heparin 500units/5mL Flush Syringe PRN
50ml NS Bag PRN
250ml NS Bag PRN

Standing Orders for Adverse Reaction

- Stop infusion and initiate NS bolus
Notify Supervising physician and ordering provider
Solu-Cortef 100mg SIVP signs of adverse reaction
Benadryl 25 mg SIVP for hives or bronchial inflammation
Epi 1:1000 1mL IM, IV or SQ for anaphylaxis
Oxygen 2-5L nasal cannula
Albuterol 2.5mg inhaled PRN to chest tightness
Other:

Prescriber Information

Physician Name: Official Contact Name:
Contact #: Fax Number:
Address: City/State/Zip:
NPI#: DEA#: State License #:

Physician's Signature Date Time

