

Troy Infusion Center
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Suite 120
Troy, OH 45373
Phone: 937-401-6620
Fax: 937-401-6629



Washington Township Infusion Center
1989 Miamisburg-Centerville Road
Suite 101
Dayton, OH, 45459
Phone: 937-401-6620
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Evenity® (Romosozumab) Order Form
Epic Referral: REF115200

Patient Name: _____ **DOB:** _____

Address: _____

Phone: _____

**** Romosozumab should not be initiated in patients who have had a myocardial infarction or stroke within the preceding year. ****

ICD-10 Diagnosis:

- M81.0 – Osteoporosis
- Other diagnosis: _____

Rx:

Evenity (Romosozumab) 210 mg subcutaneous injection every 4 weeks x 12 doses

Draw calcium and serum creatinine onsite prior to 1st and 2nd doses and then every 6 months.

Please send recent lab results with order if they are available.

Order duration:

- 1 year
- Other duration: _____

Other Comments:

Prescriber Printed Name: _____

Prescriber Full Address: _____

Office Phone Number: _____ **Office Fax Number:** _____

Prescriber Signature: _____ **Date:** _____