O·S·M·S
ORTHOPEDIC & SPORTS MEDICINE SPECIALISTS

RHEUMATOLOGY & INFUSION THERAPY CLINIC
Green Bay • Fox Valley • Marinette • Oshkosh
Phone: 920-430-8113 • Infusion Fax: 920-965-6389
osmsgb.com

Evenity (Romosozumab-aqqg) Injection

Referral Status: ☐ New Referral ☐ Dose or Frequency Change ☐ Order Renewal
Infusion Office Preference: ☐ Green Bay ☐ Neenah ☐ Marinette

PATIENT INFORMATION		
Date:	Patient Name:	DOB:
☐ NKDA Allergies:		Weight:
Patient Status: ☐ New to Therapy ☐ Continuing Therapy | Last Treatment Date:		Next Due Date:

PROVIDER INFORMATION			
Office Contact Name:	Office Email:		
Prescribing Providers Name:	Provider NPI:		
Office Address:	City:	State:	Zip:
Office Phone Number:	Office Fax Number:		

DIAGNOSIS AND ICD 10 CODE	**REQUIRED DOCUMENTATION**
☐ Age related Osteoporosis without current pathological fracture — ICD 10 Code: M81.0	☐ This signed order form by the provider
☐ Age related Osteoporosis with current pathological fracture — ICD 10 Code: M80.0	☐ Patient demographics AND insurance information (copy of cards)
☐ Other: _____ ICD 10 Code: _____	☐ Clinical/Progress notes
	☐ Lab and Tests supporting primary diagnosis
	☐ Serum Calcium Level
	☐ DEXA Scan Results and/or Frax Score

List Tried & Failed Therapies, including duration of treatment:

1.
2.

MEDICATION ORDERS (order will expire in 1 year unless otherwise specified)	
Dosing	☐ Evenity 210mg SubQ once monthly (given as two injections of 105mg each)
Refills:	☐ X6 months ☐ X1 year ☐ _____ doses

_____

Provider Name (Print) **Provider Signature:** **Date:**

Fax Referral to 920-965-6389

All information contained in this order form is strictly confidential and will become a part of the patient's medical record.