

PATIENT INFORMATION

PATIENT NAME: _____ PHONE #: _____
 ADDRESS: _____ CITY, STATE, ZIP: _____
 DATE OF BIRTH: _____ EMAIL: _____
 ALLERGIES: SEE LIST NKDA WEIGHT: LB OR KG

REQUIRED DOCUMENTATION

- | | | | | |
|-------------------|--|-------------------------|---------------------|--------------------|
| 1. Insurance Card | 2. History & Physical | 3. Patient Demographics | 4. Most Recent Labs | 5. Medication List |
| 6. DEXA Scan | 7. Current Calcium Level (within 6 months) | 7. CrCl clearance | | |

PRIMARY DIAGNOSIS *MEDICARE CURRENTLY ONLY REIMBURSES FOR FEMALE CLAIMS

- M80.00xA Age-related osteoporosis with current pathological fracture, initial encounter
 M80.00xS Age-related osteoporosis with current pathological fracture, sequela
 M81.0 Age-related osteoporosis without current pathological fracture
 Other _____

LABS ORDERS: PLEASE INCLUDE FREQUENCY

Please list any labs to be drawn by the infusion clinic: _____

PRE-MEDICATIONS

- Per infusion clinic protocol: There are no recommended standard pre-meds for Evenity
 Provider Prescribed: _____

PRIMARY MEDICATION ORDER

Evenity IV
 Evenity 210mg (two 105mg SubQ injections) once monthly for 12 doses Other _____
 FIRST DOSE?: Yes No Refill x12 months unless otherwise noted.

ADVERSE REACTION & ANAPHYLAXIS ORDERS

- Administer acute infusion and anaphylaxis medications per Parkway Pain Care & Rehabilitation PC - Life Specialty Solutions (See lifespecialtysolutions.com for detailed policy)
 Other: (Please send other reaction orders if checking this box)

PRESCRIBER INFORMATION

PROVIDER NAME: _____ PHONE: _____
 OFFICE CONTACT: _____ FAX: _____
 ADDRESS: _____ EMAIL: _____
 CITY, STATE, ZIP: _____ NPI AND LICENSE: _____

X
 PROVIDER SIGNATURE _____ DATE _____