

Evenity® (romosozumab-aqqg) Referral Form



www.biohealthic.com | info@biohealthic.com

PATIENT INFORMATION

Referral Status:

New Referral

Updated Order

Order Renewal

Form fields for Patient Information: DOB, Patient Name, Patient Phone, Patient Address, Patient Email, NKDA Allergies, Weight (lbs/kg), Height, ICD-10 code (required), ICD-10 description, Last Treatment Date, Last 4 SSN.

PROVIDER INFORMATION

Form fields for Provider Information: Referral Coordinator Name, Referral Coordinator Email, Ordering Provider, Provider NPI, Referring Practice Name, Phone, Fax, Practice Address, City, State, Zip Code.

NURSING

Infusion to be administered per BioHealth protocols.

EVENITY THERAPY ADMINISTRATION

210mg subcutaneously once a month for 12 doses

LABORATORY ORDERS

Form fields for Laboratory Orders: CBC, CMP, CRP, OTHER, each with 'at each dose' and 'every' frequency options.

REQUIRED DOCUMENTATION

- Required documentation items: Patient Demographics, Insurance Card/Information, Progress Notes Supporting DX, Current Medication List and H&P, Dexa Results, Normal Calcium Level within 90 days of first injection, No hx of MI or stroke in preceding year.

Other Notes:

\*Consider administering premedication for prophylaxis against infusion reactions and hypersensitivity reactions.

Provider Name (Print), Provider Signature, Date

Contact information box: Have a Question? (786)460-6044, Fax Referral Form To: (786)219-3917, 8684 SUNSET DRIVE MIAMI FL 33143