CureStat IS Infusion Services

Phone: (888) 963-6544
Fax: (858) 281-0045
CureStatInfusions.com
Pharmacy@CureStatRx.com

EVENITY

Please include the following to expedite the order:
Patient Demographics, Insurance Information, Labs

PATIENT

Referral Status: ☐ New ☐ Updated ☐ Renewal

Name: _____ **DOB**: _____ **Gender**: ☐ M ☐ F ☐ Other _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____ **Phone:** _____

PRESCRIBER

Name: _____ **DEA:** _____ **NPI:** _____ **State License:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

CLINICAL

Diagnosis: ☐ M80.0___ (Age-related Osteoporosis w/ current pathological fracture)

☐ M81.0 (Age-related Osteoporosis w/o current pathological fracture) ☐ Other: _____

Allergies: _____ **Weight:** _____ ☐ kg ☐ lbs **Height:** _____ ☐ cm ☐ in

CBC Completed: ☐ Yes ☐ No **CMP/LFTs Completed:** ☐ Yes ☐ No **T-Score:** ___ **DEXA Date:** _____

TREATMENT

EVENITY (romosozumab-aqqg)

Route: Subcutaneous injection

Dose: ☐ 210 mg (2x105mg)

Frequency:

☐ Every month for 12 monthly doses

Premedication Protocol: *(Not Usually Indicated)*

☐ Diphenhydramine: ☐ 25mg ☐ 50mg ☐ PO ☐ IV

☐ Acetaminophen: ☐ 325mg ☐ 500mg ☐ 650mg PO

☐ Other: _____

Sig: _____

■ Center will use anaphylactic and hypersensitivity protocol established by Cure Stat Infusion Services.

Special Instructions: _____

_____

_____

_____

_____

Quantity: _____ **Refills:** ____

Provider Signature: _____ Date: _____

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