
Please fax completed forms to Wellspring Health at **(563) 900-8290**

EVENTITY™ (romosozumab-aqqg) Order Form

Please include the following (required):

1. Patient Demographics & Insurance Information
2. DEXA Scan (-2.5 T score or more severe) **if no -2.5 T score, please send history of fracture documentation
3. Documentation to support primary diagnosis (Clinical/progress notes, labs, diagnostic tests, etc.)

Patient Name

DOB

Allergies

Patient Phone

Primary Diagnosis (MUST include ICD-10 code)

Osteoporosis ICD 10 code: _____

Prescription Orders: Eventity™ 210 mg solution in 2 single-use prefilled syringes.

Hypocalcemia must be corrected prior to beginning Eventity and the referring Physician will continue monitor patient for hypocalcemia. If the patient has a history of hypocalcemia, the patient's calcium level needs to be monitored frequently during therapy.

WARNING: EVENTITY should not be initiated in patients who have had a myocardial infarction or stroke within the preceding year.

Sig: Inject 105 mg/1.17 mL solution subcutaneously in a single-use prefilled syringe. A full dose of EVENTITY requires two single-use prefilled syringes monthly for 12 months.

***REQUIRED* Please check to confirm the following:**

- Patient has not had a myocardial infarction or stroke within the preceding year.
- Labs: Current Calcium Level ≥ 8.3 within 90 days of first injection.
- Patient is taking a minimum of Calcium 1000mg and Vitamin D 400IU daily.

Physician Name

Phone

Fax

Physician's signature

Date

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