

PATIENT DEMOGRAPHICS

Patient Name:	Patient's Phone Number:
Date of Birth:	Address:
Allergies: See List <input type="checkbox"/> NKDA <input type="checkbox"/>	City, State, Zip:
Weight: _____ lbs or _____ kg	Patient's Email:

REQUIRED DOCUMENTATION

- Insurance Card
- History & Physical
- Patient Demographics
- Most Recent Labs
- Medication List
- DEXA Scan
- Current Calcium Level (within 6 months)
- 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: _____

LAB ORDERS: PLEASE INCLUDE FREQUENCY

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

PRE-MEDICATIONS

- Per infusion clinic protocol: (No recommended standard pre-meds for Evenity)
- Provider Prescribed: _____

PRIMARY MEDICATION ORDER

- Evenity 210mg (two 105mg SubQ injections) once monthly for 12 doses
 - Other: _____
- First Dose: Y N Refill x12 months unless otherwise noted: _____

ADVERSE REACTION & ANAPHYLAXIS ORDERS

- Administer acute infusion and anaphylaxis medications per FlexCare Infusion Centers' protocol (See flexcareinfusion.com for detailed policy)
- Other: Please fax other reaction orders if checking this box

PROVIDER INFORMATION: PLEASE CHECK PREFERRED FORM OF COMMUNICATION

Provider Name:	Office Contact:
Address:	Phone:
City, State, Zip:	<input type="checkbox"/> Fax:
NPI AND License:	<input type="checkbox"/> Email:

Provider Signature _____

Date _____