

Intravene - Evenity Orders (rev 4/2022)

Please fax this form along with a copy of insurance cards

And clinical documentation to 434-455-5531 or call 1-434-947-3900 ext. 3001

PATIENT INFORMATION

Name _____
Address _____
City _____
State _____ Zip Code _____
Home Phone # _____
Work Phone # _____
DOB _____ SSN _____
Sex _____ Weight _____ Height _____
Allergies _____
Primary Ins. _____
Secondary Ins. _____

REFERRING PHYSICIAN INFORMATION

Physician Name _____
Physician Address _____

Physician Phone _____
Physician Fax _____
NPI# _____ DEA# _____
State License# _____

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and this form to (434)455-5531**

DIAGNOSIS:ICD-10 (required)

 _____ _____

PRIOR TREATMENT HISTORY (IF ANY)

- Generic Alendronate
- Actonel
- Fosamax
- Boniva
- Other _____

Pertinent Medical History: _____

This patient is currently taking calcium & vitamin D supplements. yes no
It is important to advise the patient to take at least 1000mg calcium daily in divided doses and 400 international units of vitamin D daily

Yes-normal calcium level ** Patient MUST have a normal calcium level to receive Evenity**

STANDARD ORDERS:

Product Name/Strength: Evenity 105mg pre-filled syringe (2 SYRINGES PER KIT)
Directions: 210mg SC every month for 12 months.

ANAPHYLACTIC MEDS AND VITAL SIGNS MONITORING PER INTRAVENE PROTOCOL

May discharge patient from Intravene after 12 doses.

Signature, prescribing MD _____ Date _____