

# VAIL HEALTH OUTPATIENT ORDERS

322 Beard Creek Rd | Edwards, CO 81632 | Ph: 970.569.7418 | Fax: 970.470.6675

Vail Health includes services of Vail Health Hospital

## Romosozumab (Evenity) Order Form

ATTACH DEMOGRAPHICS / COPY OF INSURANCE CARD, RECENT OFFICE VISIT NOTES AND PERTINENT LABS

Patient Name:

DOB:

Allergies/Adverse Reactions:

ICD-10:

Diagnosis:

Weight (kg):

☐ New Start

☐ Continuation of therapy:  
(date next treatment due: \_\_\_\_\_)

☒ Treat hypersensitivity reaction per Vail Health  
Hypersensitivity Protocol

Medication: Romosozumab SUBQ

Dose & Frequency:

☒ 210 mg once monthly for up to 12 doses

Refills:

☐ 12 total doses

☐ Other \_\_\_\_\_

Provider Signature: \_\_\_\_\_

Date / Time: \_\_\_\_\_

PRINTED PROVIDER NAME: \_\_\_\_\_

Circle: MD / PA / NP

Office Name: \_\_\_\_\_

NPI: \_\_\_\_\_

State License: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

# PHO