ADVANCED
INFUSION CENTER

Evenity Injection Order

Patient Name: _____ DOB: _____

Allergies: _____

FDA Indications for Evenity- choose one of the below options:

Evenity is covered under the following situations with complete supporting documentation attached.

____ Age related osteoporosis without current pathological fracture. ICD 10 M81.0

____ Age related osteoporosis with current pathological fracture. ICD 10 M80. _____ (fill in code)

Confirm that this patient has not had a heart attack or stroke within the last year? Yes___

Confirm patient is taking Calcium and Vitamin D? Yes __

Confirmed Post menopausal? Yes __

Documentation to be included in fax or detail below:

DXA report: Date_____ T score: _____ Spine: _____ Hip: _____

Osteoporotic Fractures: Date: _____ Location: _____

Normal CA++: Date: _____Value: _____

FRAX Score: Major Osteoporotic Risk % _____ Hip Fracture: _____

Date of last Evenity: _____

Select Previously tried medication:

__ Fosomas __Actonel __ Reclast __Boniva __Forteo __Tymios __ Prolia __Evista

Medication Orders:

Inject 210 mg of Evenity subcutaneously in upper arm, thigh, or abdomen every month for 12 doses.

CPT 96372 J code 3111

Physician signature: _____ **Date:** _____

Physician Name (printed): **Phone number:**

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