



Infusion Center
Kennebunk • Portsmouth • Scarborough • Topsham
Phone: 207-303-3225 Fax: 207-692-2473

Evenity (Romosozumab) Order Form – J3111

Patient Name: _____	DOB: _____	
Diagnosis: _____	Diagnosis Code: _____	
Height: _____ (cm)	Actual Weight: _____ (kg)	Allergies: _____

Evenity (romosozumab) dosing (check appropriate dosing box):

- 210mg subcutaneously every 28 days for a maximum of 12 months.**
Each dose is administered as 2 separate 105mg injections administered one after the other.

Orders valid through ____ / ____ / ____

In the event of a hypersensitivity reaction, patients will be treated according to NECS protocols for the management of infusion-room drug reactions.

Provider Name: _____
Provider Signature: _____ Date: _____
Phone: _____ Fax: _____ Pager: _____