



Cascade ID & Infusion
Specialty Order Form

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| Patient: _____ DOB: _____ <input type="checkbox"/> M <input type="checkbox"/> F Height: _____ Weight: _____ lbs. Allergies: _____ Diagnosis: _____ ICD-10 Code(s): _____ | Ordering Provider: _____ NPI: _____ Practice: _____ Phone: _____ Fax: _____ Contact Name: _____ |
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Has the patient been treated for this condition previously? No Yes, medication(s): _____

Is the patient currently on therapy? No Yes, medication(s): _____

EVENTITY (ROMOSUZUMAB-AQQG) 210 mg Evenity by SubQ injection every month for 12 months.

PROLIA (DENOSUMAB) 60 mg Prolia by SubQ injection every 6 months.

If you are referring a NEW patient please refer to our website <http://www.cascadeinfusion.com> for the complete Specialty Medication Checklist.

Quick Checklist for returning Evenity and Prolia patients.

- Has the patients insurance changed? If yes, include new demographic sheet and copy of insurance card(s).
- Completed Cascade ID & Infusion Specialty Order Form
- Signed RX
- Recent Progress Note
- Recent CMP
- DEXA scan within the last 2 years

Physician's Signature: _____ Date: _____