


Cascade ID & Infusion
Specialty Order Form

Patient: _____	Ordering Provider: _____
DOB: _____ <input type="checkbox"/> M <input type="checkbox"/> F	NPI: _____
Height: _____ Weight: _____ lbs.	Practice: _____
Allergies: _____	Phone: _____
Diagnosis: _____	Fax: _____
ICD-10 Code(s): _____	Contact Name: _____

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) 105 mg Eventity 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 Eventity 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
- CMP within the last 3-6 months
- DEXA scan within the last 2 years

Physician's Signature: _____ Date: _____