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KaneHallBarry.com

AN OUTPATIENT MEDICAL CENTER SPECIALIZING IN
INFUSION AND NON-NARCOTIC INJECTABLE MEDICATIONS

1305 Airport Freeway Suite 205 Bedford, TX 76021
Phone: (817) 553-1325 | Fax: 817-553-1393

Evenity® Orders

Required Information to accept this order/referral:

- | | |
|---|---|
| <input type="checkbox"/> This signed order form from ordering provider | <input type="checkbox"/> Calcium labs within 30 days of first treatment |
| <input type="checkbox"/> Patient demographics and insurance information | <input type="checkbox"/> Documentation to support primary diagnosis |
| <input type="checkbox"/> Copy of insurance cards, front and back | <i>(Clinic notes, fracture history, medications tried/failed,</i> |
| <input type="checkbox"/> DEXA scan (-2.5T score or greater) | <i>labs, diagnostic tests, etc..)</i> |

Patient Name: _____ DOB: _____

Phone: _____ Allergies: _____

- Diagnosis/ICD10:**
- M81.0 (Age-related osteoporosis without current pathological fracture)
 - M80.0 ____ (Age-related osteoporosis with current pathological fracture)
Please provide complete code in the blank above to specify site and encounter type
 - Other: _____
Please specify ICD-10 code and description

Patient Medical Information:

Prior osteoporosis therapies and reason for discontinuing:

Patient is currently taking calcium and vitamin D supplements Yes No

Patient has history of osteoporotic fracture Yes** No

***if yes, please provide documentation of fracture*

Prescription:

- Administer Evenity® 210mg via two 105mg SubQ injections monthly for 12 months

Evenity should not be initiated in patients who have had a myocardial infarction or stroke within the last year

- Draw and monitor calcium labs at least Q 6 months- select one option below (required):

Kane Hall Barry will draw calcium labs Q 6 months and notify prescriber of low calcium levels

Prescriber will draw calcium labs and fax current lab results to Kane Hall Barry Q 6 months

Ordering Provider Information

Name _____

Address _____

NPI # _____

Signed _____

Office Contact Information

Name _____

Phone () _____ - _____

Fax () _____ - _____

Email _____

Date _____ / _____ / _____
MM DD YYYY