EVENITY®

Please Fax Completed Form To: 888-898-9113

Please Send a Copy of The Patient's Insurance Cards (Front & Back)

PATIENT INFORMATION (Complete or Fax Existing Chart)

Name: ______________________ DOB: __________
Address: ______________________
City, State, Zip: ______________________
Phone: ______________ Alt. Phone: ______________
Email: ______________ SS#: ______________
Gender: ☐ M ☐ F Weight: ________(lbs) Ht: __________
Allergies: ______________________

PRESCRIBER INFORMATION

Prescriber Name: ______________________
State License: ______________________
NPI #: ______________ DEA: ______________
Address: ______________________
City, State, Zip: ______________________
Phone: ______________ Fax: ______________
Office Contact: ______________ Phone: ______________

INSURANCE INFORMATION – AND – Send a copy of the patient's prescription/insurance cards (front & back)

Primary Insurance: ______________________
Plan #: ______________________
Group #: ______________________
RX Card (PBM): ______________________
BIN: ______________ PCN: ______________

Secondary Insurance (If Applicable): ______________________
Plan #: ______________________
Group #: ______________________
RX Card (PBM): ______________________
BIN: ______________ PCN: ______________

CLINICAL INFORMATION

☐ M81.8 Osteoporosis, unspecified ☐ M81.00 Osteoporosis without pathological fracture ☐ Other (specify ICD-10):______________
T-Score (If known): ______________________
History of osteoporotic fracture? ☐ Yes ☐ No Skeletal Site (If known): ______________________
Has the patient failed or is unable to tolerate bisphosphonate therapy? ☐Yes ☐ No
↳ If yes, please explain: ______________________
Does the patient have >1 risk factor for fracture? ☐ Yes ☐ No
↳ If yes, please explain: ______________________
Reason for discontinuing previous osteoporosis therapies: ______________________

TRIED AND/OR FAILED MEDICATIONS	LENGTH OF THERAPY	REASON FOR DISCONTINUATION
______________ /	______________ /	______________
______________ /	______________ /	______________

EVENITY® ORDERS

Prescription type: ☐ New start ☐ Restart ☐ Continued therapy Total Doses Received: __________ Date of Last Injection: __________

Medication	Directions	Quantity/Refills
☐ Evenity® (Romosozumab) 105mg/1.17 mL prefilled syringes (two-pack)	Inject 210 mg (two 105 mg syringes sequentially) subcutaneously once every month for 12 doses in the abdomen, thigh, or upper arm.	☐ 1 Carton (2 Syringes) ☐ Other: __________ Refills: __________

SIGNATURE

We hereby authorize Talis Healthcare LLC to provide all supplies and additional services (nursing/patient training) required to provide and deliver the medicine as prescribed in this referral

X______________________________ Date: ______________

Prescriber Signature

To ensure payment by insurance carrier, please include supporting clinical documentation for specified ICD 10 Code, demographic, and insurance information along with faxed order. Initial appointment will be verified upon insurance approval.

CONFIDENTIALITY STATEMENT: This facsimile and documents accompanying this transmission contain confidential health information that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender at the address and telephone number set forth herein and arrange for return or destruction of the material. In no event should such material be read by anyone other than the named addressee, except by express authority of the sender to the named addressee.

TALIS HEALTHCARE | O: 844.776.7778 | F: 888.898.9113 | www.talishealthcare.com | 7501 Fannin St Suite 900A, Houston, TX 77054

Revised April 2024