



Houssam Al Kharrat
Gastroenterology

5115 80th Street
Lubbock, TX 79424
Phone: (806) 788-4368
Fax: (806) 513-2863



EVENTITY (romosozumab-aqqg) Infusion orders

Name: _____ DOB: _____ M F

Phone #1 : _____ (H/W/C) Phone #2: _____ (H/W/C)

PRE-MEDICATION

- Tylenol 1000mg PO
- Diphenhydramine 25mg PO
- Cetirizine 10mg PO
- _____ (other)

DIAGNOSIS *Please provide ICD-10 code*

- _____ Age-related osteoporosis **without** current pathological fracture
- _____ Age-related osteoporosis **with** current pathological fracture
- _____ Cancer treatment-induced bone loss due to hormone ablation therapy (CTIBL-HALT)
- _____ (other)

EVENTITY ORDERS

DOSAGE

210mg SQ, every 4 weeks

PATIENT WEIGHT

_____ lbs.
_____ kg

NOTES

ORDERING PROVIDER

Signature X _____ Date _____

Provider _____ Phone _____ Fax _____

Please FAX: Medication Order Demographics Clinicals Labs X-Rays
to 1-806-302-1241 (must dial "1")