

Intravene – Reclast (Zoledronic Acid) Infusion Orders (rev 4/2022)

Please fax this form along with a copy of insurance cards

And clinical documentation to 434-455-5531 or call 1-434-947-3900 ext. 3001

PATIENT INFORMATION

Name _____
Address _____
City _____
State _____ Zip Code _____
Home Phone # _____
Work Phone # _____
DOB _____ SSN _____
Sex _____ Weight _____ Height _____
Allergies _____

REFERRING PHYSICIAN INFORMATION

Physician Name _____
Physician Address _____
Physician Phone _____
Physician Fax _____
NPI# _____ DEA# _____
State License# _____

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and this form to (434)455-5531**

PRIMARY DIAGNOSIS: (ICD-10 required)

- | | | |
|--------------------------|-------|-------|
| <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | _____ | _____ |
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| <input type="checkbox"/> | _____ | _____ |

It is important to advise the patient to take at least 1500mg calcium daily in divided doses and 800 international units vitamin D daily, particularly in the 2 weeks following Reclast administration.

This patient is currently taking calcium & vitamin D supplements. yes no

Patient MUST have a calculated creatinine clearance of at least 35 ml/min and a normal serum calcium level.

******Please attach copies of labs DRAWN WITHIN THE LAST 30 DAYS (Creatinine and Calcium) ******

STANDARD ORDERS:

Infuse Zoledronic Acid 5 mg /100ml intravenously over at least 15 minutes.

ANAPHYLACTIC MEDS AND VITAL SIGNS MONITORING PER INTRAVENE PROTOCOL

MAY DISCHARGE PATIENT AFTER TREATMENT

****Reclast contains the same active ingredient found in Zometa, used for oncology indications, and a patient already being treated with Zometa should not be treated with Reclast.**

Signature, prescribing MD _____

Date _____