

Intravene – Reclast (Zoledronic Acid) Infusion Orders (rev 10/2018)

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. 2172

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# _____

****Please fax copy of insurance cards**
and this form to (434)455-5531**

PRIMARY DIAGNOSIS: (ICD-10 required)

<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____ ↑	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<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 available at the bedside:

Epinephrine 1:1000 1mg ampule. Administer 0.5ml (0.5mg) by SQ injection upon order of MD

Hydrocortisone 100mg vial. Administer 100mg IV push upon order of MD

Diphenhydramine 50mg vial. Administer 50mg IV push upon order of MD

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 _____