INFUSE CARE
PREMIER MEDICAL INFUSIONS

PHYSICIAN ORDER FORM
Fax 1-732-960-3449 · Phone 732-444-8808

Reclast *zoledronic acid*

PATIENT INFORMATION

Patient name _____ DOB _____

Mobile number _____ Weight _____ kg Height _____

Allergies _____

☐ Patient has known difficult venous access. Comments: _____

☐ New start therapy ☐ Continuation of therapy — date of last Reclast dose (if applicable): _____

DIAGNOSIS

Provider must specify

☐ Age-related osteoporosis, without pathological fx, ICD 10: M81.0
☐ Osteoporosis, with pathological fx, ICD 10: M80._____
If M80., location of fracture: _____
☐ Other osteoporosis (e.g., steroid-induced), ICD 10: M81.8
☐ Paget's disease of bone, ICD 10: M88._____
☐ Other dx _____ ICD 10 _____

PROVIDER INFORMATION

Provider name (print) _____ Provider NPI _____

Signature _____ Date _____

Contact name _____ Phone _____ Fax _____

Email address _____

PREREQUISITES TO TREATMENT

Ensure the following is complete and attached with the referral

☐ Serum creatinine + calculated CrCl within 30 days
☐ Serum calcium within 30 days
☐ DEXA scan within 2 years and/or FRAX score
☐ Dental evaluation / oral health documented
☐ Demographics + copy of insurance cards
☐ Office/progress notes, incl. tried & failed therapies
☐ Current medication list
☐ Labs and tests supporting diagnosis

Taking daily calcium + vitamin D supplements: ☐ Yes ☐ No

Currently receiving Zometa or another bisphosphonate: ☐ No ☐ Yes — drug / last dose: _____

PRE-MEDICATION

Not typically indicated; acetaminophen may reduce acute-phase reactions

☐ Acetaminophen (Tylenol) 650 mg PO
☐ Diphenhydramine (Benadryl) 25 mg PO
☐ Famotidine 20 mg IV
☐ Loratadine (Claritin) 10 mg PO
☐ Cetirizine (Zyrtec) 10 mg PO

☐ Other _____ Dose _____ Route _____

MEDICATION ORDER

MEDICATION	DOSE	ROUTE	FREQUENCY
Reclast (zoledronic acid)	5 mg / 100 mL	IV infusion over no less than 15 minutes	☐ Once yearly ☐ Once every 2 years ☐ Single dose (Paget's)

☐ Hydration: 0.9% sodium chloride _____ mL IV prior to infusion ☐ Generic zoledronic acid 5 mg/100 mL OK

LABS / SPECIAL INSTRUCTIONS

Infuse Care obtains serum creatinine and calculates CrCl (Cockcroft-Gault, actual body weight) before each dose. Reclast is contraindicated with CrCl < 35 mL/min, acute renal impairment, or uncorrected hypocalcemia. Patients receiving Zometa should not be treated with Reclast.

Order valid for 1 year from date of signature unless otherwise specified here: _____