



Reclast (Zoledronic Acid) Infusion Order Form

Patient Information

Patient Name: _____ DOB: _____ M F

Allergies: _____

New Treatment Continuing Treatment Last Treatment Date: _____ Next Due Date: _____

Diagnosis and ICD 10 Code (Required)

- Post-menopausal/Senile Osteoporosis ICD 10 Code: M81.0 Paget's Disease of the Bone ICD 10 Code: M88.9
- Osteoporosis ICD 10 Code: M81.0 Other: _____ ICD 10 Code: _____

Required Tests (within 30 days & attach results)

Creatinine Status & Date: _____

CrCl (must be >35ml/min) Status & Date: _____

Calcium Level Status & Date: _____

Pregnancy Test Status & Date: _____

Pre-Medication Orders

Acetaminophen (Tylenol) 500mg 650mg 1000mg PO

Diphenhydramine (Benadryl) 25mg 50mg PO IV

Methylprednisolone (Solu-Medrol) 125mg IV

Ondansetron (Zofran) 4mg 8mg PO IV

Drink 2, 8oz glasses of water 1 to 2 hours before treatment

Other: _____ Route: _____

Dose: _____ Frequency: _____

Reclast Medication Order

Patient Weight: _____ KG

Dosage

5mg IV

Frequency

Annually

Required Documents

Patient Demographic Sheet

H & P within the past 6 months

Current Medication List

Clinical and Progress Notes

Nursing

Provide nursing care per Smart Infusion Therapy Services Nursing Procedures, including reaction management and post-procedure observation.

Special Instructions / Notes

Provider Information

Provider Name: _____ Provider NPI: _____

Office Phone: _____ Office Fax: _____

Provider Signature: _____ Date: _____