



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
- Osteoporosis ICD 10 Code: M81.0
- Paget's Disease of the Bone ICD 10 Code: M88.9

Required Tests

Pregnancy Test Status & Date: _____
Dexa Scan (attach results)

Required Labs

CrCl (must be >35ml/min) (within 30 days & attach results)
Calcium Level (within 6 months & attach results)

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: _____

Nursing

Provide nursing care per Smart Infusion 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: _____

Zoledronic Acid 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 & Progress Notes (including last infusion note)
- Copy of Insurance Card (Front/Back)

Location

- Eau Claire Weston Middleton