



## **ZOLEDRONIC ACID INFUSION ORDERS**

**REQUIRED INFORMATION**					
☐ This signed order form from the provide ☐ Patient demographics & insurance infor ☐ Dexa Scan (-2.5 T score or more severe **if no -2.5 T score, please send history of fi ☐ Documentation to support primary diagr (Clinical/progress notes, other medications ☐ Required Labs: CMP/BMP within the la	mation e) racture documentation nosis tried & failed, labs, diagi				
Patient Name:		DOB:			
Allergies:		Patient Phone:			
Diagnosis ICD-10: ☐ Senile Osteoporosis  Other  J Code:J3489	(ICD-10: (ICD-10:				
	Zoledronic	Acid Orders			
			Patient \	Ntkg	
*Patient is currently taking calcium/vitami		□YES □NO			
☐ Zoledronic Acid 5mg/100mL IV over 30					
*Sodium Chloride 250mL IV prior to ANI Pre-Medication Orders: Tylenol 650mg I		□Cetirizine 10mg PO □Diphenhydramine 25mg PO			
			□Loratadine	10mg PO	
Required labs to be drawn by:   Infusion	n Center □ Referring l	Physician			
Lab orders: CMP/BMP to be drawn withi	n 30 days prior to infu	sion			
**Patient MUST have a calculated creati	nine clearance of at le	east 35 ml/min and a	normal seru	m calcium level**	ı
Physician Name:		Phone:		Fax:	
**Physician Signature:		Date:			