

Referral Status:				MRN:	
	New referral		Order change	-	Order Renewal
Patient preferred clinic:					

Phone: 1-800-809-1265 Fax: 1-866-872-8920

Zoledronic Acid (generic for Reclast®	) Standard Plan of Treatment
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Patie Date	of Referral: ent Name: of Birth:			Dation	# DI							
Date				rauei	nt's Phone:							
	of Birth:	Patient Name:				Address:						
Heigh	or Birtin.			City, S	State, Zip:							
	nt in inches: Weight:	LB	or KG	Gende	er:	Allergies:		See list	NKDA			
		ND	RD									
DIAG	GNOSIS: (PLEASE COMPLETE			MPLET		•						
	M81.0 - Age-related Osteoporosis					of bone, unspecified						
M81.8 - Other osteoporosis without current fracture						of cartilage, unspecif						
M88 Paget's disease  Z79.52 - Long term use of systemic steroids (SECONDARY)				Z92.241 - History of systemic steroid therapy (SECONDARY)								
		steroids (S			Other							
REQ						TIENT TAKEN THIS I	MEDICATI	ON BEFORE	?			
1												
3			FROM PREVIOUS									
4	Tried and failed therapies		THERAPY:	IF ORI	DER CHANGE:							
5	BMP results within last 30-60 days	is preferred	]		Continue	current order u	ntil insu	rance app	oroved			
MED	DICATION ORDERS:											
		ledronic Acid	if creatinine clearance is	<35 ml/	min or serum calciu	m is below normal rang	e. ONJ is a ri	sk for patient	s receiving			
NOTE:												
	onic acid. A routine oral exam is recom											
zoledro <b>MED</b>	onic acid. A routine oral exam is recoming the properties of the p			dose	(x1) over 30 m	ninutes						
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1 2 3 4 5	UESTED DOCUMENTATION: Insurance information Most recent History & Physical Full medication list Tried and failed therapies	is preferred	PREVIOUS ADMINI IF NO: PLEASE STATE REQUIRED WASHOUT FROM PREVIOUS THERAPY:	IF YES LAST IN NEXT IF ORI	DN: HAS THIS PA  S:  NFUSION DATE: INFUSION DATE: DER CHANGE:  Continue	TIENT TAKEN THIS I	ntil insu	rance app	orove			