InfuseAble Care
INFUSION SUITES & IMMEDIATE CARE SERVICES

Patient Name
DOB
Address
Cell Phone

RECLAST (zoledronic acid)

Status	☐ New Therapy ☐ Order Renewal ☐ Dosage or Frequency Change
Diagnosis	☐ ICD 10 Code: M81.0 Age-related osteoporosis without current pathological fracture ☐ ICD 10 Code: M80.0 Age-related osteoporosis with current pathological fracture ☐ ICD 10 Code: M88.9 Paget's Disease ☐ ICD 10 Code: _____ Other: _____
Pertinent Medical History	T-Score (if known): _____ Fracture history: ☐ None ☐ Skeletal site: _____ Date: _____ Prior (Failed or Intolerant) Osteoporosis Therapy (if any): ☐ Fosamax ☐ Boniva ☐ Prolia ☐ Forteo ☐ other: _____ Patient is currently taking Calcium AND Vitamin D supplementation? ☐ YES ☐ NO Patient's weight (most recent): _____ lbs / kg (circle one)
Labs	Serum Creatinine (within past 30 days): SCr = _____ Date: _____ Creatinine Clearence (must be >35ml/min): CrCl = _____ Date: _____ Calcium level: Ca = _____ Date: _____ Labs to be drawn by: ☐ Infusion Clinic ☐ Referring Physician If Infusion Clinic: _____
Hydration	Instruct patient to drink • two 8-ounce glasses of fluid (non-caffeinated) prior to infusion *– AND –* • eight 8-ounce glasses of fluid (non-caffeinated) daily x 2 days post-infusion
Medication Order	☐ Reclast 5mg/100ml IV once yearly.
Monitoring	Monitor for signs/symptoms of hypersensitivity during infusion and 30 mins post-infusion. For any signs of infusion reaction: Contact on-site provider for instruction.
Additional Orders	
Physician Information	Physician Name _____ NPI _____ Office Contact _____ Phone _____ **Provider Signature:** _____ Date _____

REQUIRED DOCUMENTATION

o	Patient Demographics & **Insurance** Information:	-	Copy of patient's insurance card – front and back
o	**Clinical / Progress Notes**, supporting primary diagnosis:	-	2 most recent office notes
		-	Medication history
o	Most Recent **Labs**:	-	CMP and CBC (within past 60 days)
		-	DXA scan (-2.5T score or more severe)

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