Zoledronic Acid

Orders

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Locations: ☐ Dublin, OH ☐ Lancaster, OH

INFUSE ONE OHIO

PATIENT INFORMATION

Patient Name _____ **Date of Birth** _____ **Gender** ☐ M ☐ F

Patient Address / City / State / ZIP _____ **Phone** _____

DIAGNOSIS

PLEASE PROVIDE ICD-10 CODE

☐ Osteoporosis _____ ☐ Senile Osteoporosis _____

☐ Paget's Disease of the Bone _____ ☐ Glucocorticoid-induced Osteoporosis _____

☐ Other _____

PRE-MEDICATIONS

OPTIONAL - CHECK ALL THAT APPLY

☐ Acetaminophen 1000 mg PO

☐ Diphenhydramine 25 mg PO

☐ Cetirizine 10 mg PO

☐ Other _____

☐ Solu-Medrol 125 mg IVP

☐ Solu-Cortef 100 mg IVP

☐ Diphenhydramine 25 mg IVP

☐ Other _____

ZOLEDRONIC ACID ORDERS

DOSAGE

☐ _____ mg

PATIENT WEIGHT

Pounds _____ **Kilograms** _____

FREQUENCY

☐ Every _____ weeks ☐ Every _____ years

TESTING / LABS

☐ Creatinine Lab ☐ Calcium Level

NOTES

ORDERING PROVIDER

Provider NPI _____ **Phone** _____ **Fax** _____

Provider Name _____

Provider Address _____

Prescriber Signature _____ **Date** _____