

Hackensack
385 Prospect Avenue
Suite 101
Hackensack, NJ, 07601

Princeton / Somerset
49 Veronica Avenue
Suite 202
Somerset, NJ 08873

Long Branch
422 Morris Avenue
Suite 7
Long branch, NJ 07740

Marlton
127 Church Road
Suite 600
Marlton, NJ 08053



Reclast® (zoledronic acid)

ORDER FORM

Date: _____

PATIENT INFORMATION

Name:	Phone:	DOB:	SEX: M <input type="checkbox"/> F <input type="checkbox"/>
<input type="checkbox"/> NKDA Allergies:		Weight lbs/kg:	

PHYSICIAN INFORMATION

Physician Name*:	NPI:	
Address:	Office Contact Name:	Office Contact #:
Phone:	Fax:	Email (for updates):

REFERRAL STATUS

New Referral Referral Renewal Medication/Order Change Benefits Verification Only Discontinuation Order

RECLAST: commonly used to treat various bone conditions, particularly osteoporosis:

- Treatment to increase bone mass in men with osteoporosis
- Treatment and prevention of glucocorticoid-induced osteoporosis
- Treatment of Paget's disease of bone in men and women
- Treatment and prevention of postmenopausal osteoporosis

DIAGNOSIS Please provide ICD-10 code

- M81.0
- _____

PRE-MEDICATION

- Tylenol PO 650mg 1000 MG other _____
- Solumedrol 125mg IV other _____
- Benadryl 25mg 50mg other _____ IV PO
- Medication _____ Dose _____ Route _____
- _____ (other) _____ (other)

CONTRAINDICATIONS

- Hypocalcemia
- Patients with creatinine clearance less than 35 mL/min and in those with evidence of acute renal impairment
- Hypersensitivity to any component of Reclast

NOTE:

WARNINGS AND PRECAUTIONS

Patients receiving Zometa should not receive Reclast

RECLAST ORDERS

PATIENT WEIGHT

_____ lbs.
_____ kg

DOSAGE

- 5 mg in a 100 ml ready-to-infuse solution
- Other _____

FREQUENCY

- Once
- Other _____

Date of last dose: _____

REQUIRED DOCUMENTATION CHECKLIST:

- ____ Patient Demographics
- ____ Insurance Card/Information
- ____ Recent labs to include **CMP**, within 3 months
- ____ DEXA Scan, 2 Years
- ____ Current Medication List
- ____ Progress Notes

ORDERING PROVIDER

Signature **X** _____ Date _____

NPI _____

Provider _____ Phone _____ Fax _____