Borough Park
1428 36th Street
Suite 107
Brooklyn, NY 11218

Bronx
226 West 238th Street
Bronx, NY 10463

Brooklyn/Sheepshead Bay
2546 East 17th Street
Fl, 1
Brooklyn, NY 11235

Crown Heights
555 Lefferts Avenue
Brooklyn, NY 11225

Elmsford/ Terrytown
555 Taxter Road
3rd Floor
Elmsford, NY 10523

Long Beach
917 Beech Street
Long Beach, NY 11561

New Hyde Park
1991 Marcus Ave
Suite 110
Lake Success, NY, 11042

NYC Central Park West
115 Central Park West
Suite 15
New York, NY 10023

Rockville Centre
165 North Village Avenue
Suite 133
Rockville Center, NY 11570

Staten Island
27 New Dorp Lane
Staten Island, NY 10306

ThrIVewell
INFUSION
Office: 212-803-3339 Fax : 646-768-8600

Mission Medical

Manhattan
225 E 70th Street
Suite 1E
New York, NY 10021

Manhattan/Gramercy
7 Gramercy Park West
Lower Level
New York, NY, 10003

Manhasset
333 East Shore Road
Suite 201
Manhasset, NY 11030

5 Towns
141 Washington Avenue
Cedarhurst, NY 11559

Manhattan/FIDI
30 Broad Street
Suite 401
New York, NY, 10004

Manhattan
57W 57Street
Suite 601
New York, NY 10019

Riverhead
1228 E Main Street
Suite A
Riverhead, NY 11901

Holbrook/ Ronkonkoma
233 Union Ave
Suite 207
Holbrook, NY 11741

Manhattan/Midtown
120 East 56 Street
Suit 3D
New York, NY 10022

Scarsdale
495 Central Park Avenue
Suite 205
Scarsdale, NY 10583

Queens
64-05 Yellowstone Blvd
CF104
Forest Hills, NY 11375

Woodbury
75 Froehlich Farm
Woodbury, NY 11797

Reclast® (zoledronic acid) ORDER FORM

Date: _____

PATIENT INFORMATION

Name:	Phone:	DOB: SEX: M ☐ F ☐
☐ 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

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:_____

NOTE:

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

WARNINGS AND PRECAUTIONS

Patients receiving Zometa should not receive Reclast

ORDERING PROVIDER

Signature X _____ Date _____ **NPI**_____

Provider _____ Phone _____ Fax _____