Philadelphia/Center City
1528 Walnut Street
Suite 1205
Philadelphia, PA 19102

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

Mission Medical

Philadelphia/King Of Prussia
216 Mall Blvd
Suite#1
King Of Prussia, PA, 19046

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

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 ______________