

(zoledronic acid)

RECLAST injection orders

Patient Name

DOB

Phone

M

F

DIAGNOSIS *Please provide ICD-10 code*

Age-related osteoporosis **without** current pathological fracture

Age-related osteoporosis **with** current pathological fracture

Other osteoporosis without current pathological fracture

(Other osteoporosis current pathological fracture)

PRE-MEDICATION

Tylenol 1000mg PO

Cetirizine 10mg PO

Diphenhydramine 25mg PO

(other)

PROLIA ORDERS

DOSAGE	PATIENT WEIGHT
5mg IV, every year	lbs.
	kg
Last Reclast infusion date <i>(if applicable)</i>	

NOTES

ORDERING PROVIDER

Signature X _____ Date

Provider

Phone

Fax