

## Reclast (zoledronic acid) Infusion Orders

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  Male  Female

Diagnosis (please provide ICD10 code) \_\_\_\_\_

Other: \_\_\_\_\_

New Start Therapy  Continuation of Therapy Date of last dose (if applicable): \_\_\_\_\_  NKDA Allergies: \_\_\_\_\_

### Ordering Provider:

Provider NPI: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Practice Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### PREMEDICATIONS:

- Acetaminophen 1000mg PO  Solu-Medrol 125mg IVP  
 Diphenhydramine 25mg PO  Solu-Cortef 100mg IVP  
 Ceterizine 10mg PO  Diphenhydramine 25mg IVP  
 Other: \_\_\_\_\_

### REQUIRED TESTING/LABS:

- Clinical/Progress Notes supporting primary diagnosis (please attach)  
 DEXA scan results and date (please attach): \_\_\_\_\_  
 Most recent CMP lab results (please attach): \_\_\_\_\_

### RECLAST ORDERS

#### DOSING:

- Reclast 5mg/100ml IV infusion over at least 15 minutes

#### FREQUENCY:

- Once annually

#### Sage Infusion Standing Orders:

- Provide treatment under Sage Infusion's Clinical Guidelines, Medication Safety Protocol, Emergency Guidelines, and Action Plan for Infusion Reactions.

#### REFILLS:

No Refills

\_\_\_\_\_  
Provider Name

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date