MUNSON HEALTHCARE

Munson Infusion Clinic
1200 Sixth Street Suite #100
Phone: (231) 935-6861
Fax: (231) 935-6979

Zoledronic acid (Reclast) Infusion
Fax Referral Form
Fax #: (231) 935-6979

Patient Information - *Please Print Clearly - All Information Must Be Filled Out*

Date:_____   Last Four Digits of Patient SS#:_____   ☐ Female ☐ Male DOB: _____

Patient's Name:_____   Allergies: _____

Best Number to Call:_____

Insurance Information (fill out entirely and **fax copy of patient's insurance card - both sides)**

Primary Insurance: _____   Secondary Insurance:_____

Policy #: _____   Policy #: _____

Referring Physician's Name:_____   Tax ID#:_____

Referring Physician's Phone #:_____   Physician's Fax #: _____

Provide the following (current within **ONE MONTH** of treatment):

Weight _____ lb/kg   Serum Creatinine _____ mg/dL

NOTE: Patient will not be eligible for Reclast therapy if calculated creatinine clearance is less than 35 ml/min.

My patient has been diagnosed with:

☐ Osteitis Deformans without mention of Bone Tumor   ICD-9   731.0
☐ Osteoporosis Unspecified   ICD-9   733.00
☐ Senile Osteoporosis   ICD-9   733.01
☐ Idiopathic Osteoporosis   ICD-9   733.02
☐ Disuse Osteoporosis   ICD-9   733.03
☐ Other Osteoporosis   ICD-9   733.09

Prescription

Pretreatment:	**Treatment:**
Acetaminophen (Tylenol) 650 mg PO once 30-60 minutes prior to dose of Zoledronic acid (Reclast)	Zoledronic acid (Reclast) 5 mg by IV infusion over 15 minutes (minimum) x 1 dose using a vented line

Reason patient is unable to take oral forms:
☐ Demonstrated intolerance or contraindications for FDA approved oral bisphosphonates and oral dosing regimens, or
☐ Insurmountable issues related to absorption, compliance or dosing posture.

Patient is currently taking calcium and vitamin D supplements ☐ **Yes**   ☐ **No**
(It is important to advise the patient to take at least 1500mg calcium daily in divided doses and 800 units vitamin D daily particularly in the two (2) weeks following zoledronic acid [Reclast] administration.)

Paget's disease. Treatment is indicated in patients with Paget's disease of bone with elevations in serum alkaline phosphatase of two times or higher than the upper limit of the age-specific normal reference range, or those who are symptomatic, or those at risk for complications from their disease, to induce remission (normalization of serum alkaline phosphatase)
☐ **Yes**   ☐ **No**   ☐ **N/A patient does not have Pagets disease**

Patient ID Label

The physician's full signature is to follow the order - Abbreviations for names are not acceptable.

_____
Signature   Date   Time

ZOLEDRONIC ACID (Reclast) INFUSION