Email: intake@infuseone.com | Phone: 1-800-581-0645 |
Please refer to website www.infuseone.com for location specific fax numbers

INFUSE ONE

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

REFILLS:

No Refills

FREQUENCY:

☑ Once annually

Infuse One Standing Orders:

☑ Provide treatment under Infuse One's Clinical Guidelines, Medication Safety Protocol, Emergency Guidelines, and Action Plan for Infusion Reactions.

_____

Provider Name

_____ _____

Provider Signature Date

Hypocalcemia may worsen during treatment. Patients must be adequately supplemented with calcium and vitamin D.
Renal Impairment: Monitor creatinine clearance before each dose.
Osteonecrosis of the Jaw (ONJ) has been reported. All patients should have a routine oral exam by the prescriber prior to treatment. Atypical Femur Fractures have been reported. Patients with thigh or groin pain should be evaluated to rule out a femoral fracture. Severe Bone, Joint, and Muscle Pain may occur. Withhold future doses of Reclast if severe symptoms occur.