



ZOLEDRONIC ACID (RECLAST) ORDER FORM

Open 365 Days A Year • 8am - 8pm • By Appointment



801.577.7055



888.717.7578

REFERRAL STATUS

New Referral Order Renewal

LOCATION

Murray Tooele Layton St. George

PATIENT INFORMATION

PATIENT NAME:	DOB:	SEX:	M	F
WEIGHT:	LBS	KG	PHONE NUMBER:	
ALLERGIES:			EMAIL:	

Please check that the following are included:	Patient demographics and insurance attached	Clinical/Progress Notes, H&P, Labs, Tests, supporting DX Attached
	Current Medication List:	

DIAGNOSIS

ICD-10 CODE: M81.0 Osteoporosis OTHER: DATE OF LAST INFUSION/INJECTION:

PHYSICIAN INFORMATION

PHYSICIAN NAME:	PHONE NUMBER:
PRACTICE NAME:	FAX NUMBER:
OFFICE CONTACT:	

MEDICATION ORDER

MEDICATION:	DOSING:	FREQUENCY:	NOTES/COMMENTS:
Zoledronic Acid (Reclast)	5mg/100mL IV	Once Yearly	

PHYSICIAN SIGNATURE _____ DATE (Order is Valid for One Year) _____

LAB ORDERS

CMP	CBC	CRP	ESR	Other _____
Labs to be Drawn by Infusion Center		Frequency _____	Standing Order?	Yes No

TYPES OF ACCESS

Peripheral	PICC	Midline	Port	Subcu	I/M
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