# PREMIER INFUSION CENTER

## 📜 Reclast (zoledronic acid) IV Infusion Order Form

📞 405-442-7577 📠 405-442-7223
📧 orders@premierinfusioncenter.com

### 👤 Patient Information

- **Full Name:** _____
- **Date of Birth:** ____ / ____ / _____
- **Phone:** _____ **Email:** _____
- **Address:** _____
- **Weight:** _____ kg **Height:** _____ cm/in
- **Allergies:** ☐ NKDA ☐ _____
- **Treatment Status:** ☐ New ☐ Continue **Last Treatment Date:** ____ / ____ / ____

### 🔹 Diagnosis (ICD-10 Selection)

☐ M81.0 – Age-related osteoporosis without current pathological fracture
☐ M80.00XA – Age-related osteoporosis with current pathological fracture, initial encounter
☐ M88.9 – Paget's disease of bone, unspecified
☐ Other: _____ **ICD-10 Code:** _____

### 🔹 Infusion Order

☐ Reclast 5 mg IV in 100 mL 0.9% sodium chloride over ≥15–30 minutes
☐ Frequency: ☐ Once yearly ☐ Other: _____
☐ Observation: ☐ 30 minutes post-infusion
☐ Refills: ☐ None ☐ 12 months ☐ Other: _____

### 🔹 Pre-Infusion Requirements

☐ Serum creatinine within 30 days (CrCl must be >35 mL/min)
☐ Serum calcium level within 30 days
☐ Instruct patient to hydrate before and after infusion
☐ Recommend calcium and vitamin D supplementation:
☐ Calcium 1200–1500 mg/day ☐ Vitamin D 2000 IU/day

### 🔹 Line Use & Access

☐ Start PIV ☐ Access CVC ☐ Use PICC Line ☐ Flush per standard infusion protocol

### 🔹 Adverse Reaction & Anaphylaxis Orders

☐ Premier Infusion Center Protocol (premierinfusioncenter.com)
☐ Other – please fax preferred reaction orders to 405-442-7223

### 🔹 Premedication (Optional)

☐ Acetaminophen: ☐ 650 mg ☐ PO
☐ Diphenhydramine: ☐ 25 mg ☐ 50 mg ☐ PO ☐ IV
☐ Methylprednisolone: ☐ 125 mg ☐ IV
☐ Other: _____ **Dose:** _____ **Route:** _____

### 🔹 Laboratory Monitoring

☐ CBC ☐ CMP ☐ Serum calcium ☐ Serum creatinine
☐ Other: _____
**Frequency:** ☐ Prior to first dose ☐ Annually ☐ Other: _____
☐ Physician office will order labs only

### 🔹 Clinical Documentation Checklist

☐ Recent progress notes ☐ Last H&P ☐ Lab results ☐ Medication list
☐ DEXA scan report ☐ History of fracture or bisphosphonate failure

### 🔹 Ordering Provider & Demographics

- **Name:** _____
- **NPI:** _____ **License #:** _____
- **Contact:** _____ **Phone:** _____ **Fax:** _____
- **Email:** _____
- **Signature:** _____ **Date:** ____ / _____ / _____