VAIL HEALTH OUTPATIENT ORDERS

322 Beard Creek Rd | Edwards, CO 81632 | Ph: 970.569.7418 | Fax: 970.470.6675

Vail Health includes services of Vail Health Hospital

Zoledronic Acid (Reclast) Order Form

ATTACH DEMOGRAPHICS / COPY OF INSURANCE CARD, RECENT OFFICE VISIT NOTES AND LABS

Patient Name:

DOB:

Allergies/Adverse Reactions:

ICD-10:

Diagnosis:

Weight (kg): _____

☐ **New Start**

☐ **Continuation of therapy:**
(date next treatment due: _____)

LABS: (valid within 30 days of planned treatment)

****serum creatinine required**

☒ **Creatinine**

☐ **Calcium**

☐ **BMP**

☐ **CMP**

☐ **CBC**

☐ **Other:**

Medication: Zoledronic Acid IV

Dose:

☐ **5 mg in 100 mL NS**

Frequency:

☐ **every 12 months**

Infuse Over: 30 minutes

☒ **Treat hypersensitivity reaction per Vail Health Hypersensitivity Protocol**

HOLD Parameters: Creatinine Clearance < 35ml/min

Provider Signature: _____ Date / Time: _____

PRINTED PROVIDER NAME: _____ Circle: MD / PA / NP

Office Name: _____ NPI: _____ State License: _____

Phone #: _____ Fax #: _____

PHO