

**Reclast® (zoledronic acid) Order Form**

**Please include the following (required):**

1. Patient Demographics & Insurance Information
2. DEXA Scan (-2.5 T score or more severe) \*\*if no -2.5 T score, please send history of fracture documentation
3. Documentation to support primary diagnosis (Clinical/progress notes, labs, diagnostic tests, etc.)

\_\_\_\_\_  
**Patient Name**

\_\_\_\_\_  
**DOB**

\_\_\_\_\_  
**Allergies**

\_\_\_\_\_  
**Weight**

\_\_\_\_\_  
**Patient Phone**

**Primary Diagnosis (Must include ICD-10 code)**

- Senile Osteoporosis ICD-10 code: \_\_\_\_\_
- Paget's Disease of Bone ICD-10 code: \_\_\_\_\_
- Glucocorticoid-induced Osteoporosis ICD-10 code: \_\_\_\_\_

**Prescription Orders: Reclast® 5mg/100ml (zoledronic acid)**

Hypocalcemia must be corrected prior to beginning Reclast and the referring Physician will continue monitor patient for hypocalcemia.

Infuse by peripheral IV over 30 minutes once a year.

Premeds:  Acetaminophen 650 mg PO       Other \_\_\_\_\_

**\*Please check to confirm the following (REQUIRED):**

- Calcium Level  $\geq 8.3$  within 90 days prior to infusion.
- Creatinine Clearance  $\geq 35$  ml/min within 90 days prior to infusion.

\_\_\_\_\_  
**Provider Name**

\_\_\_\_\_  
**Phone**

\_\_\_\_\_  
**Fax**

\_\_\_\_\_  
**Provider's signature**

\_\_\_\_\_  
**Date**

**Fax completed form to (214) 887-0436. For insurance questions call (214) 276-5642.  
For any other questions please call (469) 480-9649.  
Or visit us online at [www.ntinfusioncenters.com](http://www.ntinfusioncenters.com)**