

## RHEUMATOLOGY & INFUSION THERAPY CLINIC

Green Bay • Fox Valley • Marinette • Oshkosh Phone: 920-430-8113 • Infusion Fax: 920-965-6389

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## **Reclast (Zoledronic Acid)**

**Referral Status:** ☐ New Referral ☐ Dose or Frequency Change ☐ Order Renewal

Infusion Office Preference:  Green Bay  Neenah  Marinette	
PATIENT INFORMATION	
Date: Patient Name:	DOB:
□ NKDA Allergies:	Weight:
Patient Status:   New to Therapy  Continuing Therapy   Last Treatment   La	atment Date: Next Due Date:
PROVIDER INFORMATION	
Office Contact Name:	Office Email:
Prescribing Providers Name:	Provider NPI:
Office Address:	City: State: Zip:
Office Phone Number:	Office Fax Number:
DIAGNOSIS AND ICD 10 CODE	REQUIRED DOCUMENTATION
☐ Age related Osteoporosis without ICD 10 Code: M81.0	☐ This signed order form by the provider
current pathological fracture	☐ Patient demographics AND insurance information (copy of cards)
Agre related Osteoporosis with current ICD 10 Code: M80.0	☐ Clinical/Progress notes
pathological fracture  Other: ICD 10 Code:	☐ Lab and Tests supporting primary diagnosis
Other: ICD 10 Code:	☐ DEXA Scan Results and/or Frax Score
	☐ Serum Creatinine & Serum Calcium Level
List Tried & Failed Therapies, including duration of treatment:	
1.	
2.	
2.	
PREMEDICATION ORDERS	
□ No premeds	
☐ Acetaminophen (Tylenol) PO ☐ 500mg ☐ 1000mg	
☐ Diphenhydramine (Benadryl) <b>PO / IV</b> ☐ 25mg ☐ 50mg (if route is not circled PO will be administered)	
☐ Methylprednisolone (Solu-Medrol) IV ☐ 125mg ☐ 62.5mg	
☐ Fexofenadine (Allegra) PO ☐ 180mg	
MEDICATION ORDERS (order will expire in 1 year unless otherwise specified)	
Dosing	
Refills	
*Please note: If an infusion reaction occurs, the on-call physician will order appropriate rescue medications as deemed medically necessary.	
This may also include pausing, reducing the rate of infusion, or discontinuing the medication.	

Fax Referral to 920-965-6389

Date:

**Provider Signature:** 

**Provider Name (Print)** 

All information contained in this order form is strictly confidential and will become a part of the patient's medical record.