

Reclast® (zoledronic acid)

ORDER FORM

Date: _____

PATIENT INFORMATION

Name:	Phone:	DOB:	SEX: M ☐ F ☐
☐ NKDA Allergies:		Weight lbs/kg:	

PHYSICIAN INFORMATION

Physician Name*:	NPI:	
Address:	Office Contact Name:	Office Contact #:
Phone:	Fax:	Email (for updates):

REFERRAL STATUS

☐ New Referral ☐ Referral Renewal ☐ Medication/Order Change ☐ Benefits Verification Only ☐ Discontinuation Order

RECLAST: commonly used to treat various bone conditions, particularly osteoporosis:

- ☐ Treatment to increase bone mass in men with osteoporosis
- ☐ Treatment and prevention of glucocorticoid-induced osteoporosis
- ☐ Treatment of Paget's disease of bone in men and women
- ☐ Treatment and prevention of postmenopausal osteoporosis

DIAGNOSIS Please provide ICD-10 code

- ☐ M81.0
- ☐ _____

PRE-MEDICATION

- ☐ Tylenol PO 650mg ☐ 1000 MG ☐ other _____
- ☐ Solumedrol 125mg IV ☐ other _____
- ☐ Benadryl ☐ 25mg ☐ 50mg ☐ other _____ ☐ IV ☐ PO
- ☐ Medication _____ Dose _____ Route _____
- ☐ _____ (other) ☐ _____ (other)

CONTRAINDICATIONS

- ☐ Hypocalcemia
- ☐ Patients with creatinine clearance less than 35 mL/min and in those with evidence of acute renal impairment
- ☐ Hypersensitivity to any component of Reclast

NOTE:

WARNINGS AND PRECAUTIONS

Patients receiving Zometa should not receive Reclast

RECLAST ORDERS

PATIENT WEIGHT

_____ lbs.
_____ kg

DOSAGE

- ☐ 5 mg in a 100 ml ready-to-infuse solution
- ☐ Other _____

FREQUENCY

- ☐ Once
- ☐ Other _____

Date of last dose: _____

REQUIRED DOCUMENTATION CHECKLIST:

- _____ Patient Demographics
- _____ Insurance Card/Information
- _____ Recent labs to include **CMP**, within 3 months
- _____ DEXA Scan, 2 Years
- _____ Current Medication List
- _____ Progress Notes

ORDERING PROVIDER

Signature **X** _____ Date _____

NPI _____

Provider _____ Phone _____ Fax _____