



**ZOLEDRONIC ACID ORDER FORM**

(\* - Required Fields)

     **STAT REQUEST**  
(\*REASON MUST BE PROVIDED BELOW)

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

**PATIENT INFORMATION**

NAME*:	DOB*:	SEX:    M    F
ADDRESS:	PHONE:	
WEIGHT:            LBS    KG	HEIGHT:	EMAIL:
ALLERGIES:		

**PHYSICIAN INFORMATION**

PHYSICIAN NAME*:	PRACTICE NAME:
ADDRESS:	OFFICE CONTACT*:
PHONE:                      FAX:	EMAIL (FOR UPDATES):

**ZOLEDRONIC ACID ORDER\*:**                      ICD-10\*: \_\_\_\_\_  
*(SELECT ONE OF THE FOLLOWING)*

     Dosing: 5mg IV every      year(s)

Patient is currently taking Calcium/Vitamin D Supplement:      Yes      No

Physician Signature\* \_\_\_\_\_                      Date\*(Order is Valid for One Year) \_\_\_\_\_  
*Infusion will be administered per MPP policy and protocols*

**REQUIRED DIAGNOSIS:**

     Osteoporosis  
     Osteoporosis Postmenopausal  
     Glucocorticoid-induced Osteoporosis  
     Paget's Disease  
     Osteopenia/Prevention of Osteoporosis  
     Other \_\_\_\_\_

**\*STAT REASON:**  
(STAT request will be assessed per MPP policy and protocol)

**REQUIRED DOCUMENTATION CHECKLIST:**

     Patient Demographics  
     Insurance Card/Information  
     Clinical/Progress Notes supporting DX  
     Current Medication List and H&P  
     Serum Calcium (w/in 12 months)  
     DEXA Results  
     Creatinine (w/in 12 months)

Last Infusion/Injection Date: \_\_\_\_\_

**STANDING LAB ORDERS:**         CMP         CBC  
     Labs to be drawn by Infusion Center    Frequency \_\_\_\_\_

**NOTES/ADDITIONAL COMMENTS:**

**Locations:**

-----Colorado-----  
     Lakewood

-----Florida-----  
     Jacksonville  
     Kissimmee  
     Port St. Lucie  
     Suncoast  
     Winter Park

-----Texas-----  
     Arlington  
     Cedar Hill  
     Dallas  
     Denton  
     Ft. Worth  
     Irving  
     Rockwall  
     Southlake  
     Flower Mound  
     Plano  
     Tyler

REVISION DATE- 03/2021