

Troy Infusion Center
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Troy, OH 45373
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Washington Township Infusion Center
1989 Miamisburg-Centerville Road
Suite 101
Dayton, OH, 45459
Phone: 937-401-6620
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Reclast® Order Form

Epic Referral: REF139

Patient Name: _____ DOB: _____

Address: _____

Phone: _____

ICD-10 Diagnosis:

- M81.0 – Osteoporosis
- M85.80 - Osteopenia
- Other diagnosis: _____

Rx:

Zoledronic Acid (Reclast) 5 mg IV infusion over 15 minutes x 1 dose.

- Flush with 50 mL of normal saline after infusion

If Ca and SCr have not been drawn in the previous 60 days prior to injection, draw them onsite.

Please send recent lab results with order if they are available.

Note: Reclast is contraindicated with CrCl < 35 mL/min. If patient has reduced renal function, may want to consider alternative treatment.

Other Comments: _____

Port/PICC care per protocol will be performed if applicable including heparin flush (500 units/5mL) and cathflo (2 mg) PRN for patients with a port

Prescriber Printed Name: _____

Prescriber Full Address: _____

Office Phone Number: _____ Office Fax Number: _____

Prescriber Signature: _____ Date: _____