

Troy Infusion Center
600 W Main Street
Suite 120
Troy, OH 45373
Phone: 937-401-6620
Fax: 937-401-6629

Washington Township Infusion Center
1989 Miamisburg-Centerville Road
Suite 101
Dayton, OH, 45459
Phone: 937-401-6620
Fax: 937-401-6629

Hamilton Infusion Center
1010 Cereal Drive
Suite 300
Hamilton, OH, 45013
Phone: 855-500-2873
Fax: 513-867-4166

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:** _____