

NPI# _____
DEA# _____

FAX ORDERS: 702-697-2107



Zoledronic Acid infusion orders

Patient Name _____

DOB _____

Phone _____

M

F

DIAGNOSIS *Please provide ICD-10 code*

Osteoporosis

Other

Senile Osteoporosis

Paget's Disease of the Bone

Glucocorticoid-induced Osteoporosis

PRE-MEDICATION

Tylenol 1000mg PO

Diphenhydramine 25mg PO

Cetirizine 10mg PO

Solu-Medrol 125mg IVP

Solu-Cortef 100mg IVP

Diphenhydramine 25mg IVP

ZOLEDRONIC ACID ORDERS

DOSAGE	PATIENT WEIGHT
mg	lbs.
FREQUENCY	kg
every weeks	
every years	

TESTING/LABS

Creatinine Lab

Calcium Level

NOTES

ORDERING PROVIDER

Signature **X** _____ Date _____

Provider _____

Phone _____

Fax _____

Address: _____