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## Zoledronic Acid Infusion Orders

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ (lb./kg)

### Diagnosis

- \_\_\_ Osteoporosis  \_\_\_\_\_
- \_\_\_ Senile Osteoporosis
- \_\_\_ Paget's Disease of the Bone
- \_\_\_ Glucocorticoid-induced Osteoporosis

### Pre-Medication

- Tylenol 1000mg PO  Solu-Cortef 100mg IVP
- Cetirizine 10mg PO  Diphenhydramine 25mg IVP
- Diphenhydramine 25mg PO  \_\_\_\_\_
- Solu-Medrol 125 IVP  \_\_\_\_\_

### Orders

**Dosage**  
 \_\_\_\_\_ mg

**Frequency**  
 every \_\_\_\_\_ weeks  
 every \_\_\_\_\_ years \_\_\_\_\_ Refills

### Notes

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Ordering Provider

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Provider: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_  
NPI: \_\_\_\_\_ DEA: \_\_\_\_\_