

Fax To: (877) 428-1627Email To: referrals@curbsideinfusion.comOffice: (877) 428-7248Scheduling@curbsideinfusion.comExt. 0Billing@curbsideinfusion.comExt 1

Zoledronic Acid infusion orders

Patient Name	DOB		
Phone		М	F

DIAGNOSIS Please provide ICD-10 code

Osteoporosis 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

Other

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

Provider

Phone

Fax

Date