NEW ENGLAND
Cancer Specialists

Infusion Center

KENNEBUNK | ROCK ROW | TOPSHAM | PORTSMOUTH
PHONE: (207) 303-3225 | FAX: (207) 692-2473

Zoledronic Acid Order Form

Patient Name | Middle | Last | DOB

Diagnosis | Diagnosis Code

Height (cm) | Actual Weight (kg) | Allergies

Serum calcium is required within 60 days of appointment for zoledronic acid.

Serum creatinine is required within 30 days of appointment for zoledronic acid.

Ensure adequate calcium and vitamin D intake to prevent or treat hypocalcemia. Calcium 1,000 mg/day and vitamin D ≥ 400 units/day is recommended.

Is the patient currently taking calcium and vitamin D? ◯ Yes ◯ No Reason for not taking: _____

Please list any premeds needed.

*In the event of a hypersensitivity reaction, patients will be treated according to NECS protocols for the management of infusion-room drug reactions.

◯ Zoledronic Acid (5mg)

- Dose: 5mg IV every 12 months

Orders valid through: _____

Provider Name | Provider Signature

Date | Phone | Fax | Pager