CONNECTICUT IV INFUSION CENTER
249 Danbury Rd, Wilton, CT 06897
(203)883-0038 (203)724-4838

(zoledronic acid)

RECLAST infusion orders

Patient Name _____ DOB _____

Phone _____ M ○ F ○

DIAGNOSIS *Please provide ICD-10 code*

☐ _____ Osteoporosis

☐ _____ _____

PRE-MEDICATION

☐ Tylenol 1000mg PO

☐ Diphenhydramine 25mg PO

☐ Cetirizine 10mg PO

☐ _____

☐ Solu-Medrol 125mg IVP

☐ Solu-Cortef 100mg IVP

☐ Diphenhydramine 25mg IVP

☐ _____

RECLAST ORDERS

DOSAGE

_____ mg

PATIENT WEIGHT

_____ lbs.

_____ kg

FREQUENCY

_____ year

NOTES

_____

ORDERING PROVIDER

Signature **X** _____ Date _____

Provider _____ Phone _____ Fax _____

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