



PATIENT INFORMATION

Patient Name: _____ DOB: _____ Phone: _____ Sex: M F Ht: _____ Wt: _____ lbs kg
 Primary Language: _____ Allergies: _____

<ICD 10 CODE REQUIRED>

DIAGNOSIS & CLINICAL INFORMATION

ICD 10 Code (PROVIDE COMPLETE CODE)

- M81.0 Age-related osteoporosis without a current pathological fracture
- M81.8 Other osteoporosis without current pathological fracture (please specify location of fracture)
- Other: _____

REQUIRED: Demographics & Most Recent: H&P, clinical notes, labs, & medication list. Supporting clinical notes to include any past tried and/or failed therapies, intolerance, outcomes, or contraindications to conventional therapy

LAB RESULTS: Include DEXA Scan within last 2 years; recent CMP within 30 days

PRESCRIPTION

Pre-Medications

- Acetaminophen: 650 mg PO
- Cetirizine 10 mg PO
- Dexamethasone: _____ mg IV
- Diphenhydramine: 25 mg PO
- Diphenhydramine: 25 mg IV
- Other: _____
- Acetaminophen: _____ mg PO
- Famotidine: _____ mg IV
- Loratadine 10 mg PO
- Methylprednisolone: _____ mg IV
- Ondansetron 4 mg IV

Lab Orders

- CBC w/diff: every _____ weeks month
- CMP within 30 days of treatment
- Other: _____

Reclast (zoledronic acid)

Dose and Frequency

- IV: infuse 5 mg x 1 dose yearly

**** CMP will be required within 30 days of treatment. ****

Adverse Events: In the event of an adverse reaction occurring at Oregon Specialty Infusion clinic, OSI will utilize their adverse reactions protocol

Is the patient on any other disease modifying therapy? Yes No

If yes, please note therapy and last dose: _____

PRESCRIBING INFORMATION

Prescriber Name: _____ Signature: _____
 Date: _____ NPI #: _____ Specialty: _____
 Office phone #: _____ Office Fax #: _____