

# Zoledronic Acid



## infusion orders

Patient Name \_\_\_\_\_

DOB \_\_\_\_\_

Phone \_\_\_\_\_

M

F

**DIAGNOSIS** *Please provide ICD-10 code*

Osteoporosis

Other

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

**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** \_\_\_\_\_ Date \_\_\_\_\_

Provider

Phone

Fax