	PLACE LABEL HERE	
Name:		

௹	Premier Health
P	Miami Valley Hospital

Unit #:

Account #:

Infusion Center Zoledronic Acid Orders (non-oncology)

Infusion Center Fax numbers:

MVH Middletown/AMC: 513-974-5023	MVH Troy/UVMC: 937-440-4503
MVH South: 937-641-2676	MVH Greenville: 937-641-7205
MVH North: 937-641-2378	

Patient Name: _____ DOB: _____

Patient Weight:	_kg	Patient Phone #:
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Insurance:

*Please attach a copy of the patient's insurance information to this order

Diagnosis (must include ICD-10 code):

- □ Age-related osteoporosis with current pathological fracture (M80.0)
- □ Other osteoporosis with current pathological fracture (M80.8)
- □ Age-related osteoporosis without current pathological fracture (M81.0)
- □ Other osteoporosis without current pathological fracture (M81.8)
- □ Other specified disorders of bone density and structure (M85.8)
- □ Disorder of bone density and structure (M85.9)
- □ Osteitis deformans of other bones (M88.88)
- □ Other:

Required Labs (check one):

- \Box Patient has a calculated creatinine clearance \geq 35mL/min and a normal calcium level (labs must be done within 6 months of infusion and attached to order)
- □ Draw serum creatinine upon arrival. If creatinine clearance <35mL/min, hold infusion and notify MD for further instructions or orders

Intravenous Therapy:

- ☑ Place IV with each infusion and remove when infusion completed
- ☑ Saline Flush 10mL after infusion and PRN
- ☑ Heparin Flush (100 units/ml) 5mL PRN for Implanted Port de-access
- Zoledronic Acid (HCPCS J3489) 5mg in NaCl 0.9% 100mL IV infusion over 20 minutes

Additional Orders:

Provider Signature: _____ Date/Time:

Printed Provider Name/Phone Number:

Orders complete by RN: _____

_____ DATE/TIME: _____

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