# Zoledronic Acid Referral Form

**Preferred Clinic** (select one):

**PATIENT INFORMATION** **Referral Status:** New Referral Updated Referral Referral Renewal

DOB: Patient Name: Patient Phone:

Patient Address: Patient Email:

NKDA Allergies: Weight (lbs/kg): Height:

ICD-10 Code (required): ICD-10 Description: Last Treatment Date: Last 4 Digits SSN:

**PROVIDER INFORMATION**

Referral Coordinator Name: Referral Coordinator Email:

Ordering Provider: Provider NPI:

Referring Practice Name: Phone: Fax:

Practice Address: City: State: Zip Code:

Physician Preferred Method of Contact: Email: Fax: Phone:

**NURSING**

☑ Infusion to be administered per Vivo protocols.

**LABORATORY ORDERS**

☐ CBC at each dose every ____________________

☐ CMP at each dose every ____________________

☐ CRP at each dose every ____________________

OTHER ______________________________________________

**PREMEDICATIONS**

acetaminophen (Tylenol) 500 mg 650 mg 1000 mg PO

cetirizine (Zyrtec) 10mg PO

loratadine (Claritin) 10mg PO

diphenhydramine (Benadryl) 25 mg 50 mg PO IV

methylprednisolone (Solu-Medrol) 40mg 125mg IV

hydrocortisone (Solu-Cortef) 100mg IV

Other: ________________________________________

Dose: _______________ Route: ____________________

**ZOLEDRONIC ACID THERAPY ADMINISTRATION**

5 mg IV every one year

5 mg IV every 2 years

Other: ______________________________________________

**REQUIRED DOCUMENTATION**

**Patient Demographics**

**Insurance Card/Information**

**Progress Notes Supporting DX**

**Medication List and H&P**

**DEXA Results**

**Creatinine within 12 months**

**Calcium level within 12 months**

*Consider administering premedication for prophylaxis against infusion reactions and hypersensitivity reactions. **Order is valid for one year unless otherwise noted**

**Provider Name (Print)** **Provider Signature** **Date**

**Email Referrals To: referrals@vivoinfusion.com OR Fax Below** **Have a Question? Call (720) 902-4111**

Colorado: 303-418-4679
Connecticut: 203-724-4838
Florida: 904-930-4211
Massachusetts: 781-202-1629
Michigan: 833-957-2188
Minnesota: 763-290-0903
Nevada: 702-489-5744
New Jersey: 609-955-3711
New York: 800-540-1852
Ohio: 216-400-0674
Oklahoma: 918-770-4421
Pennsylvania: 215-399-9244
Texas: 469-340-0044
Virginia: 804-500-5941
Wisconsin: 414-600-5383