# Zoledronic Acid Referral Form

**Preferred Clinic** (select one): _____

VIVO infusion®

## PATIENT INFORMATION

☐ New Referral ☐ Updated Referral ☐ Referral Renewal

DOB: Patient Name: Patient Phone:

Patient Address: Patient Email:

☐ NKDA Allergies: Weight (kg): Height:

ICD-10 Code (required): ICD-10 Description: Last Infusion 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:

## STANDING ORDERS

☑ Infusion to be administered per Vivo protocols.

## LABORATORY ORDERS

☑ **Clinic Specimen Collection Authorization: If required labs are not received prior to appointment, infusion clinic staff are authorized to draw required labs under the referring provider's NPI and route results back to the referring office.**

☐ CBC w/ diff every _____

☐ CMP every _____

☐ OTHER _____

## PREMEDICATIONS

☐ acetaminophen (Tylenol) ☐ 500mg ☐ 650mg ☐ 1000mg PO

☐ cetirizine (Zyrtec) 10mg PO

☐ loratadine (Claritin) 10mg PO

☐ diphenhydramine (Benadryl) ☐ 25mg ☐ 50mg ☐ PO ☐ IV

☐ methylprednisolone (Solu-Medrol) ☐ 40mg ☐ 125mg IV

☐ hydrocortisone (Solu-Cortef) ☐ 100mg IV

☐ Other: _____

Dose: _____ Route: _____

## ZOLEDRONIC ACID ADMINISTRATION

☐ Zoledronic Acid 5 mg IV every one year

☐ Zoledronic Acid 5 mg every 2 years

☐ Zoledronic Acid 4 mg IV every _____

☐ Other: _____

☑ Post-infusion line flush with 10 ml Normal Saline

## REQUIRED DOCUMENTATION

☐ **Patient Demographics**

☐ **Insurance Card/Information**

☐ **Progress Notes Supporting DX**

☐ **Medication List and H&P**

☐ **DEXA Results**

☐ **Creatinine with Creatinine Clearance within 12 months**

☐ **Calcium level within 12 months**

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

**Order is valid for one year unless otherwise noted.**

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