

### Zolendronate (Aclasta) Infusion Referral

<b>Patients Name:</b>	<i>This form is also available to download on our website</i>		
<b>Date of Birth:</b>			
<b>Address:</b>			
<b>NHI:</b>	<b>Reason for Referral:</b> D Osteoporosis D Pagets Disease <b>Essential Data</b>		
<b>Phone (Home):</b>	<b>Phone (Work):</b>	<b>Phone (Mobile):</b>	

Please note:

- Your patient **must** have an CrCl>35 and be **normocalcaemic**
- Ensure **adequate levels of Vitamin D**. If there is a clinical concern of low vitamin D levels, prescribe two tablets of 1.25mg vitamin D to be taken at some time in the week leading up to the infusion.
- Consider prescribing 500mg elemental **calcium** twice daily for ten days after the infusion to prevent hypocalcaemia – for Paget’s Disease this is strongly advised
- Consider advising your patient to withhold diuretics and NSAIDs the morning of the infusion to help prevent temporary impairment of renal function

**Serum Creatinine** \_\_\_\_\_ **Date of Test:** \_\_\_\_\_  
**CrCl** \_\_\_\_\_ **Date of Test:** \_\_\_\_\_  
**Serum Corrected Calcium** \_\_\_\_\_ **Date of Test** \_\_\_\_\_

Fax/post the referral to Hamilton East Medical Centre and provide your patient with a prescription **and** special authority number.

Our infusion nurses will contact your patient to arrange an appointment.

We will send you notification after the infusion and arrange a reminder to both the patient and the prescribing doctor in twelve months’ time.

Our infusion nurses will discuss the common side effects with the patients and review any contraindications but the responsibility for fully informing the patient lies with the prescribing doctor.

**Signature Date:**

**Referring Doctor:**

**Address / Stamp:**