Medinfuse Health
Infusion Clinic

Zoledronic Acid IV Infusion Prescription and Referral Form

Fax completed form to: 778-379-8160
Phone: 778-379-8161

Patient ID Label Here (or provide info)

Name: _____

PHN: _____

Patient Phone#: _____

Date of Birth: _____ / _____ / _____
(month) (day) (year)

☐ allergies: _____

☐ Hx infusion reactions: _____

☐ History of asthma

Referring Clinic

Clinic name:_____

Fax: _____

Phone: _____

clinic stamp

Latest Laboratory Results

Ca (☐ ionized corrected Ca, ☐ serum Ca): _____ eGFR: _____ SCr: _____

Date of test: _____ / _____ / _____
(month) (day) (year)

Zoledronic Acid Prescription

Zoledronic Acid 5mg IV x 1 dose

Repeat every ☐ **12 months for osteoporosis** ☐ **18 months for osteopenia**

Date:	***Signature:***	***Name and college ID:***

Coverage

☐ Prescriber will submit application for PharmaCare Special Authority coverage

OR

☐ Patient does not meet criteria for PharmaCare Special Authority coverage

Infusion Clinic Locations

☐ **Vancouver Clinic:** 5990 Fraser Street, Vancouver, BC V5W 2Z6	☐ **Kelowna Clinic:** 201 - 570 Raymer Avenue Kelowna BC V1Y 4Z5
☐ **Surrey Clinic:** Unit 302 - 9639 137A Street, Surrey, BC V3V 0C6	☐ **Penticton Clinic:** 577 Carmi Avenue Penticton, BC V2A 3G7

To order Zoledronic Acid for administration by intravenous infusion, complete the attached Referral Form and fax to BioPro Biologics Pharmacy (845 West Broadway, Vancouver). This Referral Form is the prescription for Zoledronic Acid as well as the order for IV administration at MedInfuse Health Infusion Clinic

A "wet signature" is required

BioPro Biologics Pharmacy will coordinate and facilitate the following:

1. Contact the patient to explain the process and educate the patient on the benefits and potential side effects of infusion therapy
2. Fill the prescription and arrange an infusion appointment time and adjudicate the payment of Zoledronic Acid via the patient's health plan as applicable and/or collect payment. Patients can visit the pharmacy in person or education can be provided via video conference or by phone.
3. Appointment time is scheduled with the patient to receive the Zoledronic Acid infusion at MedInfuse Health Infusion Clinic
4. Prior to the infusion appointment, the patient is contacted with instructions to prepare for the infusion including recommendations for proper hydration and laboratory measurements are checked to ensure they are within limits and there are no contraindications to therapy.
5. Infusion is administered by a Registered Nurse after assessing appropriateness of therapy and laboratory measurements while adhering to safety protocols and guidelines for IV infusions according to the prescribed order by the physician
6. Infusion duration will be as prescribed and/or adjusted as appropriate for the patient based on age, comorbidities, and tolerance/response
7. Patients are observed for 10-15 minutes after the infusion
8. Notification of date/time of infusion is sent to prescribing physician

Note:

1. **A physician is on-site for all IV infusion appointments**

2. **We help the patient obtain any coverage available to them. Most patients who have pharmacare or a private insurance plan are eligible for coverage**

3. **The patient is overseen by an interdisciplinary team of physicians, registered nurses, and pharmacists. Our staff are trained to respond to any reaction that may occur as a result of IV administration**

Other infusion orders are available from Medinfuse.ca (e.g. ferric derisomaltose, iron sucrose, infliximab, rituximab, tocilizumab, and others)