



Renew Infusions
4610 50th street Bonnyville, AB T9N 0G2
P:780-826-9894 F:833-930-2673

Zoledronic Acid Order From

Patient information			
Name	DOB	ULI	Allergies
Address	Phone Number	E-Mail address	Creatinine/GFR

Prescriber Information		
Name	Phone Number	Fax number

Diagnosis: Osteoporosis Other: _____

Most recent Creatinine _____ GFR _____

Has patient ever received Zoledronic acid infusion in past? Details: _____

Latest Bone Mineral Density test: _____

Prescription

Zoledronic Acid

5mg/100ml annually

Please note patients will require new order annually

Prescriber Signature:

Date:

Please fax completed form and fax to Renew Infusions at 1-833-930-2673

Please advise patients they will receive a call from our nursing staff within 7 days. Infusion fee of \$225 will apply for infusions administered at Renew Infusions. Patient will be provided a receipt to be used for their Health Spending account (if applicable) or for income tax purposes. Prescriber will be notified if Renew Infusion staff is unable to contact patient or if patient declines infusion. A post infusion report will be faxed to prescriber once infusion is completed.