Zoledronic Acid (Zometa, Reclast)

Provider Order Form *v. 5/2026*

BAPTIST

PATIENT INFORMATION

Referral Status: ☐ New Referral ☐ Updated Order ☐ Order Renewal

Date: Patient Name: DOB:

Patient Address:

ICD-10 code (required): ICD-10 description:

☐ NKDA Allergies: Weight (kg): Height:

Patient Status: ☐ New to Therapy ☐ Continuing Therapy Last Treatment Date: Next Due Date:

PROVIDER INFORMATION

Ordering Provider: Provider NPI:

Referring Practice Name: Phone: Fax:

Practice Address: City: State: Zip Code:

NURSING

☑ Bone density scan results & date
_____

☑ Most recent calcium level & date (within past 30 days)
_____

☑ Most recent serum creatinine level & date (within past 30 days)
_____

☑ Provide nursing care per Baptist Nursing Procedures, including reaction management and post-procedure observation

LABORATORY ORDERS

☐ CMP ☐ at each dose ☐ every _____

☐ Other: _____

THERAPY ADMINISTRATION

☐ **Zoledronic Acid** (Zometa)

- Dose: 4 mg
- Frequency: every _____ weeks
- Route: intravenous infusion over 15 minutes

☐ **Zoledronic Acid** (Reclast)

- Dose: 5 mg
- Frequency: Once (annual administration, a new order is needed for each dose)
- Route: intravenous infusion over 15 minutes

Refills: ☐ Zero / ☐ for 12 months / ☐ _____

(if not indicated order will expire one year from date signed)

SPECIAL INSTRUCTIONS

In addition to this form, please also provide the following:

- Most recent providers note, with appropriate ICD-10 diagnosis code
- Most recent labs (calcium and serum creatinine/CrCl)
- Copy of bone density scan results

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

Baptist Infusion Center Fax Numbers

- ☐ **Anderson: 601-553-6743**
- ☐ **Attala: 877-249-1191**
- ☐ **Booneville: 662-538-2632**
- ☐ **Calhoun: 877-249-1191**
- ☐ **Columbus: 662-244-2803**
- ☐ **Covington: 901-383-5571**
- ☐ **Crittenden: 870-394-7734**
- ☐ **Dyersburg: 731-287-9493**
- ☐ **Grenada: 662-294-9104**
- ☐ **Huntingdon: 731-986-7092**
- ☐ **Infect Disease: 901-226-1112**
- ☐ **Jackson: 601-973-1608**
- ☐ **Jonesboro: 870-934-3677**
- ☐ **Leake: 601-267-1179**
- ☐ **Malignant Heme: 901-226-3748**
- ☐ **Memphis Metro: 901-722-0570**
- ☐ **New Albany: 662-538-2632**
- ☐ **Oxford: 662-636-1696**
- ☐ **Southaven: 901-722-0570**
- ☐ **Starkville: 662-338-5240**
- ☐ **Union City: 731-884-1720**
- ☐ **Yazoo: 877-249-1191**
- ☐ **Hospital for Women (PERCH): 901-227-8998**

Phone Numbers: