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Multidisciplinary Chronic Pain
 "Helping You Create Better Health"

ZOLEDRONIC ACID IV Infusion Order Form

2025: \$115 Administration fee plus medication cost / In-House Pharmacist

Patient Information

Name: _____ DOB: _____ PHN: _____
 Address: _____ Allergies: _____
 Phone Number: _____ Emergency Contact: _____

Email Address(required): _____

Prescriber Information

Name: _____ Office/Clinic: _____
 Phone Number: _____ Fax Number: _____

Diagnosis: <input type="checkbox"/> Postmenopausal osteoporosis <input type="checkbox"/> Glucocorticoid-induced osteoporosis <input type="checkbox"/> Paget's disease ▪ Alkaline phosphate (ALP): _____ U/L test date: _____ <input type="checkbox"/> Other: _____	Other information: Height: _____ Weight: _____ GFR: _____ <i>(Drug is contraindicated in pregnancy/lactation, renal failure, previous reaction to bisphosphonates, hypocalcemia)</i>
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Prescription: Patient has been advised to drink 500mls water before and after infusion _____ Patient will f/u with prescriber after infusion _____

Zoledronic Acid to be administered by IV infusion as per product monograph

Dose: 5 mg in 100 mL 4 mg in 5 mL (Concentrate) Alberta Blue Cross Special Authorization has been submitted: No Yes

Single dose once a year: _____ **Other:** _____

**If dose is not clearly stated on this form, administration guidelines as per product monograph will be followed.*

Note: Prescribers are responsible for ordering and monitoring patient blood work as well as notifying infusion clinic as soon as patient no longer requires above treatment. Prescriber should be aware of reasons to delay treatment such as open, unhealed oral lesions, unresolved ONJ risk factors, suspected fracture, ophthalmologic disturbance and bisphosphonate drug holiday.

If the patient has a history of reaction to any products, GIVE PRIOR: <input type="checkbox"/> Methylprednisolone 125mg IV <input type="checkbox"/> Diphenhydramine 25-50 mg PO/IV <input type="checkbox"/> Acetaminophen 650 mg PO <input type="checkbox"/> Other _____	If the patient has adverse reaction DURING/POST infusion, GIVE: <input type="checkbox"/> Hydrocortisone 100 mg IV ** <input type="checkbox"/> Methylprednisolone 125 mg IV ** <input type="checkbox"/> Diphenhydramine 25-50 mg PO/IV <input type="checkbox"/> Acetaminophen 650 mg PO <input type="checkbox"/> Dimenhydrinate (Gravol©) 25-50 mg PO/IV
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**Current infusion reaction protocol includes the use of above medications according to nurse's assessment

Nursing Orders:

Dilute and infuse Zoledronic acid as per drug monograph over 30 minutes and provide any PRN or emergency medication or oxygen as may be required while responding to an infusion reaction or in any case an emergency. Observe the patient for at least 30 minutes post infusion.

Special instructions or comments: _____

Prescriber Signature and date: _____