

Zolendronic Acid infusion orders



Patient Name _____ DOB _____

Phone _____ M ☐ F ☐

DIAGNOSIS *Please provide ICD-10 code*

- ☐ _____ *Age-related osteoporosis without current pathological fracture*
- ☐ _____ *Age-related osteoporosis with current pathological fracture*
- ☐ _____ *Osteopenia*
- ☐ _____

PRE-MEDICATION

- ☐ Tylenol 1000mgPO
- ☐ _____ *other*

ZOLENDRONIC ACID ORDERS

DOSAGE

- ☒ *5mg infusion q once a year*

PATIENT VITALS

_____ lbs.
_____ ht.

NOTES

ORDERING PROVIDER

Signature **X** _____ Date _____

Provider _____ NPI # _____

Phone _____ Fax _____ Email _____