Premier Health
Miami Valley Hospital

Infusion Center Zoledronic Acid Orders (non-oncology)

Infusion Center Fax numbers:

MVH Middletown/AMC: 513-974-5023	MVH Troy/UVMC: 937-440-4503
MVH South: 937-641-2676	MVH Greenville: 937-641-7205
MVH North: 937-641-2378	

Patient Name: _____ **DOB:** _____

Patient Weight: _____kg **Patient Phone #:** _____

Insurance: _____
*Please attach a copy of the patient's insurance information to this order

Diagnosis (must include ICD-10 code):
☐ Age-related osteoporosis with current pathological fracture (M80.0)
☐ Other osteoporosis with current pathological fracture (M80.8)
☐ Age-related osteoporosis without current pathological fracture (M81.0)
☐ Other osteoporosis without current pathological fracture (M81.8)
☐ Other specified disorders of bone density and structure (M85.8)
☐ Disorder of bone density and structure (M85.9)
☐ Osteitis deformans of other bones (M88.88)
☐ Other: _____

Required Labs (check one):
☐ Patient has a calculated creatinine clearance ≥ 35mL/min and a normal calcium level (labs must be done within 6 months of infusion and attached to order)
☐ Draw serum creatinine upon arrival. If creatinine clearance <35mL/min, hold infusion and notify MD for further instructions or orders

Intravenous Therapy:
☑ Place IV with each infusion and remove when infusion completed
☑ Saline Flush 10mL after infusion and PRN
☑ Heparin Flush (100 units/ml) 5mL PRN for Implanted Port de-access
☑ Zoledronic Acid (HCPCS J3489) 5mg in NaCl 0.9% 100mL IV infusion over 20 minutes

Additional Orders: _____

Provider Signature: _____ **Date/Time:** _____

Printed Provider Name/Phone Number: _____

Orders complete by RN: _____ DATE/TIME: _____

Order valid for 1 year from provider signature date   5-2024