Lincoln Medical Center
OUTPATIENT INFUSION CENTER
Phone: 931-438-1100
Fax: 1-931-438-1219

ZOLENDRONIC ACID 5mg/100mL IVPB Order Forms

Patient name: _____ DOB: _____ Sex :( ) Male ( ) Female
SSN:_____ HT: _____ WT: _____ Allergies:_____
Street Address_____ City/State/Zip _____
Home Phone #: _____ Work #: _____ Cell #: _____

Insurance Information:

Primary Insurance Name _____ Policy ID #: _____
Secondary Insurance Name_____ Policy ID #:_____

Physician Information:

Physician's Name:_____ Referral Contact Name: _____ Phone: _____
Address:_____City/State/Zip_____
DEA#:_____ NPI #:_____ Fax #: _____
State License #: _____

Statement of Medical Necessity

Primary Diagnosis: (ICD-10 Code plus Description)_____
Date of Diagnosis: _____

Access: Does the patient have venous access? ☐Yes ☐ No If Yes, what type? _____

Orders:

*****Normal Saline will be used to clear all lines. All MEDIPORTS/PORTS/VAD will be flushed with Heparin and Saline per hospital protocol. *****

☐ **Do not administer Heparin to this patient.** ☐ **Insert PIV** ☐ **Insert PICC**

ADMINISTER ZOLEDRONIC ACID 5MG/100mL, IVPB
OVER NO LESS THAN 15 MINUTES ONE TIME A YEAR

INCLUDE COPIES OF THE FOLLOWING:

- BUN, CREATININE, and CALCIUM MUST BE CHECKED WITHIN THE LAST 30 DAYS OTHERWISE HOSPITAL WILL COLLECT LABS PRIOR TO INFUSION.
- BONE DENSITY/DEXA SCAN WITHIN THE LAST 2 YEARS – OTHERWISE ONE WILL BE PERFORMED PRIOR TO THE DATE OF SERVICE
- OFFICE NOTES SUPPORTING THE DIAGNOSIS OF OSTEOPOROSIS/OSTEOPENIA DATED WITHIN THE LAST 2 YEARS
- H+P DATED WITHIN THE LAST 2 YEARS
- PRIOR/CURRENT MEDICATIONS USED TO TREAT THE DIAGNOSIS OF OSTEOPOROSIS/OSTEOPENIA MUST BE DOCUMENTED IN PATIENT'S MEDICAL RECORD. Examples: Oral calcium, Vitamin D

Labs Needed: BUN and CREATININE and CALCIUM (if previous results not provided within last 30 days)_____

Physician's Signature _____**Date**_____ **Time:**_____

Fax completed form to the Outpatient Infusion Center at 1 (931) 438-1219.
PLEASE include copies of: H+P, OFFICE NOTES, LABS, ACTIVE MEDICATION PROFILE, and CURRENT INSURANCE INFORMATION in order for your referral to be processed.