



## Zoledronic Acid Referral Form

### Patient Information:

Surname \_\_\_\_\_ Given Name(s) \_\_\_\_\_

DOB: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

### Requesting Doctor:

Name:

Practice:

Provider No:

Provider Signature: \_\_\_\_\_

### **\*\*Prior to referring, the below must be attached and completed**

- Dentist approval of infusion (dated in the past 2 months)
- Patient requires script provided by the referring doctor. *\*\*To be filled a week prior to infusion date*
- Copy of recent Calcium and Vitamin D blood results (dated in the past month)
- Copy of recent renal function test (dated in the past month)
- Patient advised to cease any medications that may negatively affect the infusion process

### **If applicable**

Date of previous zoledronic acid infusion: \_\_\_\_\_ Date of follow up appointment: \_\_\_\_\_

**Triage:** *\*\*Note this may not be fulfilled due to availability, wait times tend to be 2-4 weeks*

- URGENT CAT 1 (next available – 2-3 weeks)
- CAT 2
- CAT 3 (The patient does not require the infusion for 2-3 months)

Notes and or relevant history:

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*Adelaide Specialist Hubs and associated team members are not liable to incorrect or fraudulent referrals. We trust and base the safety of our patients on the information given in this form and associated attachments. We rely on the referring doctor to undertake the important pre and post infusion appointments and take no responsibility for on-going patient care post infusion. We recommend a follow-up appointment with the referring doctor two weeks post infusion.*

Ensure adequate hydration unless is on fluid restrictions for another pathology. This can be done by ensuring patient drinks 2 glasses of fluid before and 2 glasses of fluid after the infusion

-Patient to be consuming 1200mg of calcium daily either through diet or supplements. We also recommend a Vitamin D PO 1000 IU daily.

-If Patient's renal function test notes any abnormal results, they will be rejected by Adelaide Specialist Hubs and should be sent to an Endocrinologist.

- Dental review prior to treatment (within 1 month prior to infusion) is recommended at the discretion of your dentist during treatment to minimise risk of osteonecrosis of the jaw.

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