

FAX

Dr. Name Address

DATE:

TO: BioPro Biologics Pharmacy

FAX: 778-379-8160

PHONE: 778-379-8161

RE: Zoledronic Acid Infusion (at Fraser Medical Clinic)

Pharmacy will coordinate drug and Infusion nurse to arrange infusion

FROM:

FAX:

PHONE:

PAGES: 1 of _____

RE: Zoledronic Acid Prescription and Infusion Referral

Laboratory Results

Must be completed prior to infusion:

Date of Test _____

Calcium _____

eGFR _____

Creatinine _____

Place Patient ID Label Here (or provide info below)

Patient Name: _____
 First Name Last Name

PHN: _____

DOB: _____ / _____ / _____
 Month Day Year

Patient Phone #: _____

Secondary Phone #: _____

For Pharmacy and Infusion Centre Use

DATE PRESCRIPTION FILLED
 Pharmacy Initial _____

DATE & TIME INFUSION BOOKED
 Nurse Initial _____

DATE INFUSION GIVEN
 Nurse Initial _____

Rx

Zoledronic Acid

Sig: 5mg IV Once

Every 12 months for Osteoporosis

Every 18 months for Osteopenia

M: 1 bottle

Comments:

- Pharmacy to remind the patient 30 days before next infusion
- Notify prescribing physician when Infusion is completed

Dr. _____, MD

Print Name

Doctor No.: _____

Date: _____

To order Zoledronic Acid for administration by Intravenous Infusion, complete the attached Fax Form and fax to BioPro Biologics Pharmacy (845 West Broadway, Vancouver). This Fax Form is the prescription for Zoledronic Acid as well as the order for IV administration at the Fraser Street Medical Clinic (5990 Fraser Street, Vancouver, BC). A “wet signature” is required.

If the medication is provided through BioPro Biologics Pharmacy, there is not charge to the patient for the IV Infusion of zoledronic acid.

BioPro will coordinate and facilitate the following:

1. Contact the patient to explain the process and educate the patient on the benefits and potential side effects of the infusion therapy
2. Fill the prescription and arrange an infusion appointment time and adjudicate the payment of Zoledronic Acid via the patient’s health plan as applicable and/or collect payment. Patient can visit the pharmacy in person or education can be provided via video conference or by phone.
3. Our Registered Nurse will contact the patient to set an appointment time and schedule the patient to receive the Zoledronic infusion at Fraser Street Medical Clinic.
4. Prior to the infusion appointment, patient is contacted with instructions to prepare for the infusion including recommendations for proper hydration and laboratory measurements are checked to ensure they are within limits and there are no contraindications to therapy.
5. Infusion is administered by a Registered Nurse after assessing appropriateness of therapy and laboratory measurements while adhering to safety protocols and guidelines for IV infusions according to prescribed order by the physician.
6. Pharmacist will provide education and counseling as required about zoledronic acid and/or other medications as requested by the patient.
7. Patients are observed for 10-15 minutes after the infusion.
8. Follow-up information sent to prescribing physician if requested.
9. Patients are contacted as part of a follow-up procedure if deemed necessary.
10. Patients receive a reminder approximately 4 weeks prior to their next scheduled dose to determine continued need, help improve adherence to drug treatment, and determine if a Specialist referral is needed.