

FAX

[Address]

DATE:

TO: BioPro Biologics Pharmacy

FAX: 778-379-8160

PHONE: 778-379-8161

RE: Zoledronic Acid IV Infusion (at MedInfuse Health Kelowna)

#260 – 1855 Kirschner Road, Kelowna, BC

Pharmacy will coordinate Infusion: Nurse to arrange medication (Rx) and infusion

FROM:

FAX:

PHONE:

RE: Zoledronic Acid Prescription and Infusion Referral

Laboratory Results

Must be completed prior to infusion:

Date of Test _____

Place Patient ID Label Here (or provide info below)

Calcium _____

Patient Name: _____
First Name Last Name

eGFR _____

PHN: _____

Creatinine _____

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 MedInfuse Health infusion clinic located at #260 – 1855 Kirschner Road, Kelowna. A “wet signature” is required.

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. MedInfuse Health will contact the patient to set an appointment time and schedule the patient to receive the Zoledronic infusion at MedInfuse Health - Kelowna.
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.