

Myhealth Brisbane Showgrounds

Healthlink EDI: myhltqbs

Medical Objects: BRISBANE SHOWGROUNDS MYHEALTH (BM4006000LV)

brisbaneshowgrounds.reception@myhealth.net.au

www.myhealth.net.au

Mon - Fri: 8:30am - 5.00pm

Some Sat: 9am - 1pm

Phone: 07) 3180 4768

Fax: 07) 3180 4769

Please send all correspondence by electronic means, thank you. MediObjects preferred.

REFERRAL FORM FOR ZOLEDRONIC ACID (ACLASTA) INFUSION

Thank you for referring your Patient to Myhealth Brisbane Showgrounds for an Aclasta (Zoledronic Acid) Infusion.

We go through a detailed formal consent process before administering the infusion on a separate second appointment and will contact the patient to arrange this with the Dr administering the infusion. This is to further assess their suitability for the infusion, discuss the procedure, side effects/ prophylaxis, costs and expectations.

PATIENT DETAILS:

TITLE: _____

FIRST NAME : _____

SURNAME: _____

PHONE NO: _____

EMAIL: _____

ADDRESS: _____

Therapeutic indications :

- ☐ Osteoporosis
- ☐ Corticosteroid-induced osteoporosis.
Symptomatic Paget's disease of bone.
- ☐ Prevention of clinical fractures in patients after hip fracture.
Prevention of postmenopausal osteoporosis
- ☐ Other (please state): _____

Pre-referral Safety Checklist and details:

- ☐ BMD report - please attach details/ date and copy of these results
eGFR > 35 mL/min - pathology date / details:
- ☐ Vit D > 60nmol/L (past 30 days)
Calcium level > 2.1mmol/L
- ☐ Not Pregnant, Not breast Feeding
- ☐ Any recent or planned dental
procedures? Allergies / Other Relevant
information: _____

Previous treatments:

Previous Osteoporosis treatments:

If previously on Prolia, date of last dose: _____

Any Previous Aclasta Infusions? Yes / No

If Yes, How many previously: _____

Date of Last infusion : _____

Please provide a script for Aclasta infusion for the patient : Zoledronic Acid 5mg/ 100ml IV

Referring Doctor/ Specialist Name: Clinic Details:

Phone No: _____

Date: _____

Signature: _____