

REFERRAL FORM FOR ZOLEDRONIC ACID (ACLASTA) INFUSION

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

Before we can administer the infusion, we go through a detailed formal consent process during a pre consult with the patient, this is to further assess their suitability for the infusion, discuss the procedure, side effects/ prophylaxis, costs and expectations. Our reception team will contact the patient to arrange this with the doctor administering the infusion.

PATIENT DETAILS:

Title:	
First name:	
Surname:	
Contact number:	
Address:	
Email:	

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 or 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:	