

## Zometa Infusion Order

**Instructions to Provider:** Please fax completed order, along with referral form to desired location.

**Required Lab Results:** Calcium and Creatinine within 3 months of infusion (If outside Atrium, please fax with order. Required prior to scheduling.)

**Infusion Therapy:**

Zometa (zoledronic acid) \_\_\_\_\_ mg IV over 15 minutes

**Frequency:** yearly

**ICD 10 code:** \_\_\_\_\_

**Pre-Meds:**

Acetaminophen 1000 mg PO x 1 (unless taken at home)

**Additional Orders:**

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**Special Instructions:**

- No recent implants, root canals, or invasive dental work.
- Follow Atrium Health Infusion Center protocol for hypersensitivity reaction PRN.
- Notify provider if creatinine clearance is less than 35mL/min

**Infusion Monitoring:**

- Obtain vital signs pre- and post-infusion. Obtain vital signs during the infusion PRN.
- Monitor patient for 30 minutes after completion of 1<sup>st</sup> infusion and subsequent infusions PRN if previous signs of reaction noted.

Physician Name: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_ (Order valid for 1 year)

Patient Name:

DOB:

MRN:

Atrium Health Infusion Centers  
Phone: 704-468-3400 Fax: 704-468-3401

Physician Name: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_ (Order valid for 1 year)

Patient Name:
DOB:
MRN: