



Zoledronic Acid (RECLAST®)

With Fax Include: Demographics, Insurance Information, Lab Results, Current Medications, and Recent Visit Notes.
Trinity Health will obtain any necessary medication authorizations for patients receiving infusion therapies

Order Date: _____

Referral Status: [] New Referral [] Dose or Frequency Change [] Renewal

Form containing patient information (Name, Birth, Weight, Height, Allergies), insurance details, diagnosis, labs, pre-medications, creatinine clearance calculation, nursing orders, and provider information.