

REFERRAL FOR IV INFUSION: Zoledronic Acid



PATIENT DETAILS

Patient name
Contact details
Birth date
Medicare number

MEDICATION ORDER

Medication: ZOLEDRONIC ACID
Dose: 5mg / 100ml
Standard Duration: OR Extended duration min
(Additional Fee applies to extended infusion times).
Route: Intravenous Infusion
Frequency: Once Only
Special Instructions:

CLINICAL DETAILS

Creat Cl _____ Vit D _____
Last Infusion Date:
Dental Health up to Date:
Known Allergies: _____

- Medication will be prepared and administered as recommended in the current relevant Zoledronic Acid Australian Product Information (PI) available at: www.ebs.tga.gov.au
- In the case that a patient displays an acute reaction in the presence of a Flow Health Nurse, during or after the infusion, the nurse will administer emergency treatment in accordance with the Flow Health anaphylaxis protocol.

Administration by:	FLOW HEALTH NURSE
Date:	Time:
Nurse Name:	
Nurse Signature:	

PRESCRIBING DOCTOR CONFIRMATION & DETAILS

Contact Detail
Provider Number

- I request the Flow Health Nurse to administer the medication as ordered to this Patient.
- I confirm that the prescribed treatment is not contradicted for this Patient.

Signature: _____ Date: _____

HQ Building Robina
Suite 21/58 Riverwalk Avenue,
Robina, Qld 4226

Refer via:
☎ 07 5647 6001
📞 07 5647 6016
✉ infusions@flowhealth.com.au

Via Medical Objects
Dr Sarah Hunt
Pr 446159GX



Zoledronic Acid Infusion Patient Checklist

- Have you handed the prescription in at the Chemist?
- Bring bottle of Zoledronic Acid with you to your appointment
- Have 2 large glasses of water before your appointment
- Take 2 Paracetamol before your infusion
- No tooth extractions, root canals or crowns in the last 3 months?
- Bring your Medicare Card
- I know the date of my last infusion

We are conveniently located on level 2 at the HQ Building at Robina. 2 hours free parking on site or across the road near Aldi.

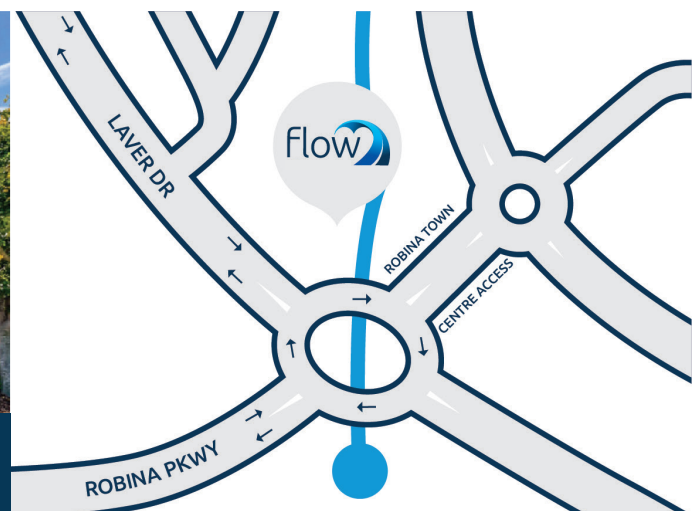
Please note any medical queries or emergencies should be redirected to your doctor.

Please call us to book
your infusion appointment

07 5647 6001



21 / 58 Riverwalk Ave
Robina QLD 4226



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Fax: 07 5647 6016

Email: infusions@flowhealth.com.au

Web: www.flowhealth.com.au