



Patient Name  
DOB  
MRN  
Physician  
FIN

Defaults for orders not otherwise specified below:

Interval: Every 84 days

Duration:

Until date: \_\_\_\_\_

1 year

\_\_\_\_\_ # of Treatments

Anticipated Infusion Date \_\_\_\_\_ ICD 10 Code with Description \_\_\_\_\_

Height \_\_\_\_\_ (cm) Weight \_\_\_\_\_ (kg) Allergies \_\_\_\_\_

Provider Specialty

- |   |   |   |                                       |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> Allergy/Immunology | <input type="checkbox"/> Infectious Disease           | <input type="checkbox"/> OB/GYN         | <input type="checkbox"/> Rheumatology |
| <input type="checkbox"/> Cardiology         | <input type="checkbox"/> Internal Med/Family Practice | <input type="checkbox"/> Other          | <input type="checkbox"/> Surgery      |
| <input type="checkbox"/> Gastroenterology   | <input type="checkbox"/> Nephrology                   | <input type="checkbox"/> Otolaryngology | <input type="checkbox"/> Urology      |
| <input type="checkbox"/> Genetics           | <input type="checkbox"/> Neurology                    | <input type="checkbox"/> Pulmonary      | <input type="checkbox"/> Wound Care   |

Site of Service

- |  |  |                                       |   |
|--|--|---------------------------------------|---|
| <input type="checkbox"/> SH Gerber           | <input type="checkbox"/> SH Lemmen Holton (GR) | <input type="checkbox"/> SH Pennock   | <input type="checkbox"/> SH United Memorial |
| <input type="checkbox"/> SH Helen DeVos (GR) | <input type="checkbox"/> SH Ludington          | <input type="checkbox"/> SH Reed City | <input type="checkbox"/> SH Zeeland         |

**Appointment Requests**

- Infusion Appointment Request  
Status: Future, Expected: S, Expires: S+366, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after, Injection and possible labs

**Safety Parameters and Special Instructions**

- ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 6**  
IBANDRONATE (BONIVA):

An FDA-approved patient medication guide, which is available with the product information and as follows, must be dispensed with this medication: [https://www.accessdata.fda.gov/drugsatfda\\_docs/label/2016/021858s022lbl.pdf](https://www.accessdata.fda.gov/drugsatfda_docs/label/2016/021858s022lbl.pdf)  
Patient should review the guide before starting treatment and with each refill.

If an IV dose is missed, it should be administered as soon as it can be rescheduled. Thereafter, it should be given every 3 months from the date of the last injection.

Ensure adequate calcium and vitamin D intake; if dietary intake is inadequate, dietary supplementation is recommended.

Evaluate bone mineral density every 1 to 2 years after initiation of therapy.

**Labs**

- Comprehensive Metabolic Panel (CMP)  
Status: Future, Expected: S, Expires: S+184, URGENT, Clinic Collect, Blood, Blood, Venous
- Vitamin D 25 Hydroxy  
Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous

**Additional Lab Orders**

- Labs: \_\_\_\_\_  Every \_\_\_ days  Until date: \_\_\_\_\_  
 Once  1 year  
 \_\_\_\_\_ # of Treatments

**CONTINUED ON PAGE 2 →**

**NOTE: Epic Treatment/Therapy Plan Orders. To be scanned/attached to the appropriate Infusion Referral Order in Epic.**

Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.

