



Patient Name  
DOB  
MRN  
Physician  
CSN

Defaults for orders not otherwise specified below:

Once

Duration:

1 Treatment

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

1 year

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

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

**Site of Service**

SH Gerber

SH Lemmen Holton (GR)

SH Pennock

SH United Memorial

SH Helen DeVos (GR)

SH Ludington

SH Reed City

SH Zeeland

**Provider Specialty**

Allergy/Immunology

Infectious Disease

OB/GYN

Rheumatology

Cardiology

Internal Med/Family Practice

Other

Surgery

Gastroenterology

Nephrology

Otolaryngology

Urology

Genetics

Neurology

Pulmonary

Wound Care

**Appointment Requests**

Infusion Appointment Request

Status: Future, Expected: S, Expires: S+365, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after, Infusion and possible labs

**Safety Parameters and Special Instructions**

**ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 4**

ZOLEDRONIC ACID :

- Acetaminophen after the infusion may reduce symptoms of acute-phase reactions.
- Patients with osteoporosis should receive calcium and vitamin D supplementation if dietary intake is inadequate.
- Prior to each dose, obtain serum creatinine and calculate the creatinine clearance using the Cockcroft-Gault formula.
- Zoledronic acid is not recommended for patients with severe renal impairment. Longer infusions may reduce risk of nephrotoxicity.

**Labs**

Comprehensive Metabolic Panel (CMP)

Status: Future, Expected: S, Expires: S+184, URGENT, Clinic Collect, Blood, Blood, Venous

Calcium, Blood Level, Total

Status: Future, Expected: S, Expires: S+365, STAT, Clinic Collect, Blood, Blood, Venous

Magnesium, Blood Level

Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous

Phosphorus, Blood Level

Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous

Lab: \_\_\_\_\_

Every \_\_\_ days

Once

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

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.

