

# FAX REFERRAL FORM

  
**Reclast**<sup>®</sup>  
(zoledronic acid) injection  
5 mg/100 mL for infusion

Referring physician's name: \_\_\_\_\_

Referring physician's phone: \_\_\_\_\_

Referring physician's fax: \_\_\_\_\_

Dear Doctor/Infusion Center: \_\_\_\_\_

I am referring my patient to you for a Reclast infusion. J code: **J-3488**

## PATIENT INFORMATION

Patient name: \_\_\_\_\_ SS# \_\_\_\_\_  
[with patient permission]

Patient address: \_\_\_\_\_

Patient phone: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

## DIAGNOSIS

Diagnosis:  Postmenopausal osteoporosis ICD-9 # **733.01**

Paget's disease of the bone ICD-9 # **731.0**

This patient has a calculated creatinine clearance of  $\geq 35$  mL/min and a normal serum calcium level.  Yes  No Date of lab results: \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient currently taking calcium and vitamin D supplements.  Yes  No

## INSURANCE INFORMATION

Primary Insurance: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_ Policy holder: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_ Policy holder: \_\_\_\_\_

Attach copies of the following:

Lab results  Prescription  Insurance card(s), front and back

Physician's signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*A copy of this information can be given to the patient to bring to his or her appointment.

### FAX BACK INFUSION CONFIRMATION

Please update the referring physician by faxing back this form.

Patient name: \_\_\_\_\_ Date of Infusion: \_\_\_\_/\_\_\_\_/\_\_\_\_

Infusing physician comments: \_\_\_\_\_

### Important Safety Information

Reclast is contraindicated in patients with hypocalcemia or hypersensitivity to any component of this product. Reclast contains the same active ingredient found in Zometa<sup>®</sup> (zoledronic acid) Injection and patients receiving Zometa should not receive Reclast.

All patients should be instructed on the importance of calcium and vitamin D supplementation. Please refer to Reclast full Prescribing Information for recommendations.

