



## Zoledronic Acid Infusion Referral

Dr Karan S Makhija, Dr Wojt Janowski, Dr Ritam Prasad, Dr Sam Yuen, and colleagues

Patient Name	<input type="text"/>	DOB	<input type="text"/>	Mobile	<input type="text"/>
Address	<input type="text"/>				

Thank you for reviewing this patient for provision of a zoledronic acid infusion.

I have discussed indications and side effects with the patient.

I have provided a prescription and dose for zoledronic acid to the patient and instructed them to bring the medication to their appointment.

### Zoledronic Acid Dose

Check one:     4mg         5mg         Other   

### Comments:

**Please include latest Creatinine, eGFR and corrected calcium. If not done in last 30 days, please provide patient with a pathology request form to perform prior to infusion**

### Referring Doctor

Name	<input type="text"/>		Provider No.	<input type="text"/>	
Address	<input type="text"/>		Date	<input type="text"/>	
Phone	<input type="text"/>	Fax	<input type="text"/>	E-mail	<input type="text"/>