



Nevada Infusion  
5401 Longley Lane, Suite 34, Reno, NV 89511  
PH: 775-453-0667 | Fax: 775-470-8478

## Recast Order Form

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_  
Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Allergies: \_\_\_\_\_

### DIAGNOSIS:

- ☐ Age-related osteoporosis without current pathological fracture ICD-10: M81.0  
☐ Osteoporosis without current pathological fracture ICD-10: M81.8  
☐ Adverse effect of glucocorticoids and synthetic analogues ICD-10: T38.0X5A  
☐ Other: \_\_\_\_\_ ICD-10 Code: \_\_\_\_\_

### ORDERS FOR RECAST (Zoledronic Acid):

- ☒ Recast 5 mg/100 mL Intravenously once per year, x 1 year

**\*\* LABS: CMP Prior to Infusion \*\***

**Fax Results to: 775-470-8478**

### PRE-MEDICATIONS:

- ☒ Acetaminophen 650mg PO  
☒ Diphenhydramine 25mg PO or IV or Zyrtec 10 mg PO  
☒ Hydrocortisone 100mg IV or Methylprednisolone 125mg IV  
☐ Additional Pre-Medications: \_\_\_\_\_

### MAY ADMINISTER IF NEEDED FOR ALLERGIC REACTION:

- ☒ Nevada Infusion Hypersensitivity Reaction Order Set  
☐ Other: \_\_\_\_\_

ACCESS: Peripheral IV, Port, Midline, or PICC line

FLUSHING: 10 mls NS pre/post infusion OR Heparin 5ml for port – 100 units/ml

NURSING: Per Nevada Infusion

LABS ORDERS: \_\_\_\_\_ Fax results to: \_\_\_\_\_

### PROVIDER INFORMATION:

Physician Name: \_\_\_\_\_ NPI: \_\_\_\_\_  
Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Point of Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please Fax This Form With - DEMOGRAPHICS, LABS, MEDICATION LIST and H&P: 775-470-8478**

**\*\*Insurance verification/authorization is always obtained by Nevada Infusion prior to scheduling patients. \*\***



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**Please Include Required Documentation for Expedited Order Processing & Insurance Approval:**

- ☐ Signed provider orders (page 1)
- ☐ Patient demographic and insurance information
- ☐ Patient's current medication list
- ☐ Supporting recent clinical notes and H&P (to support primary diagnosis)
- ☐ Supporting documentation to include past tried and/or failed therapies

**Additional REQUIRED Information:**

- ☐ Serum Ca levels
- ☐ Creatinine clearance and serum creatinine prior to each dose

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