



David L. Kendler, MD FRCP

ACLASTA INFUSION CENTRE REFERRAL FORM

Suite 150, 943 West Broadway, Vancouver, BC V5Z 4E1
 Phone 604.263.3661 Toll Free 1.866.226.6143
 Fax 604.263.3744 Toll Free 1.866.236.8030
 Email: info@prohealthcr.ca
 www.prohealthcr.ca

Patient information here

R_x

DATE _____

Aclasta (Zoledronic acid)

Sig: 5mg IV once
M : 1 bottle

SIGNATURE

PHYSICIAN'S NAME, ADDRESS, MSP NUMBER

Prohealth offers a safe and reliable infusion service at our Vancouver facility without charge to you, your patients or MSP.

The following are required prior to the infusion:

1. Blood work:
 - Normal serum calcium levels and eGFR >30ml/min measured within the last 3 months
 - Please fax a copy of blood work with this form or copy to Dr. Kendler if you are sending the patient for blood work.
2. Ensure that your patient is taking adequate calcium (1000-1500 mg/d) and Vitamin D (800-1000 IU/d).
3. Fill out the prescription on the left.
4. Fax this completed page to Prohealth at 604.263.3744, toll free 1.866.236.8030.

Give this original page to your patient to bring to a pharmacy for the prescription to be filled.

Keep a copy for your records.

5. Indicate below how we will set up the appointment. Please check one:

- Your office will contact Prohealth to set up the appointment.
- Prohealth will contact your patient directly to set up the appointment.

6. Provide your patient with the attached instruction page.

Patient Consent
(to be signed at Prohealth)

I am aware that Health Canada has approved the use of Aclasta in the treatment of osteoporosis.

I understand the potential risks and benefits of this therapy and consent to its administration by Prohealth staff.

I am taking adequate calcium and Vitamin D as advised.

I agree to be reminded in one year by Prohealth staff to discuss further therapy with my doctor.

PATIENT SIGNATURE

DATE _____

PRINTED NAME _____

PCR USE ONLY

VS: BP _____ / _____ Start _____ : _____
 HR _____ bpm Stop _____ : _____

Lab: Ca _____
 Crea _____

STAFF SIGNATURE _____

LOT NO. _____



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1. Make sure you are taking adequate amounts of calcium (1000 - 1500 mg/day) and Vitamin D (800-1000 IU/day) as instructed by your doctor.



2. Give your pharmacy adequate time to fill the prescription for Aclasta.
3. Do not forget to bring the Aclasta bottle on the day of your appointment.



4. You are **NOT** required to fast. You can eat or drink normally.



5. If you wish, you may bring a companion with you.



6. The infusion lasts at least 15 minutes, but allow at least an hour for the whole appointment. We need time to set up the infusion and to observe you after the infusion.

7. The most common side effects of Aclasta are fever, flu-like symptoms, muscle aches, joint pains and headaches. These can occur in the first 3 days after infusion, and usually resolve within 3 days. Symptoms may occur after the first dose, but are less likely with subsequent doses of Aclasta. Taking Tylenol or Advil after infusion may decrease the incidence of these side effects.