FirstHealth OF THE CAROLINAS

7096.08.16151.01 Sunset Date: 6/2024

OP Reclast Referral

Place Patient Label Inside This Box

***** This section refers to the entire plan. If individual orders need a different interval, please indicate in each section below*****

Version 6/2021

Date of Infusion: ________________________________

Lead Physician ________________________________

Patient Name: ________________________________

Date of Birth: ________________________________

Patient SSN (if available): ________________________________

Contact Number: ________________________________

Insurance Name: ________________________________

Policy Number: ________________________________

Secondary Insurance: ________________________________

Policy Number: ________________________________

Diagnosis Code: ________________________________

Precertification: ☐ Initiated ☐ Complete

Diagnosis Code Description: ________________________________

Location to be Performed:
- ☐ Moore Regional Hospital (MRH)
- ☐ Montgomery Memorial Hospital (MMH)

Interval __________ Day ______ of every ______ month

Next Due Date ________________________________

Minimum Separation _______ days / weeks (circle one)

Duration: ☐ Until discontinued ☐ ____ Treatments
☐ Until ________________________________

Nursing Orders	**Interval**	**Duration**
☐ Insert peripheral IV Once	________	________
Picc Access And Flush Orders		
☐ PICC Line Access Once	________	________
☐ Heparin, porcine (PF) 10 unit/mL injection 50 Units 50 Units, intravenous, As needed, line care	________	________
Vascular Access Device (cvc) Access and Flush Orders		
☐ Central Venous Catheter (CVC) access Once	________	________
☐ Heparin, porcine (PF) injection 500 units, IV once 500 Units, intravenous, For 1 Occurrences	________	________
Medications		
☐ zoledronic acid (RECLAST) infusion 5 mg, intravenous, for 30 Minutes, Once, Flush with 10 ml of NS	________	________

For Scheduling Fax Forms to: (910) 715-1177.

Provider Signature: ________________________________ **Date:** __________ **Time:** __________

* May be used as EPIC Downtime Form