

<b>Refer via:</b>	<b>Fax:</b> 1800 880 683	<b>Email:</b> <a href="mailto:infuse@snc.com.au">infuse@snc.com.au</a>	<b>Call:</b>	1800 463 873
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Patient Details:		
Title:	Surname:	First Name:
DOB:	Phone:	Gender    M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>
Email:		
Address:	State:	Post Code:
Emergency Contact:		Phone:
Allergies:		

Medication Order:	
Medication: ZOLEDRONIC ACID	<b>Administration by Sonic Nurse Connect</b>
Route: Intravenous Infusion	Date: <input type="text"/> Time: <input type="text"/>
Frequency: Once only	Nurse Name: <input type="text"/>
Duration: 15 minutes (20 minutes for Zoledasta®)	Nurse Signature: <input type="text"/>
Dosage: 5 mg	
<b>Infusion Location:</b> <input type="checkbox"/> SNC Community Treatment Centre <input type="checkbox"/> Doctor's Clinic (Approved by SNC for lists of ≥ 5 patients)	
<b>Special Instructions:</b>	
<ul style="list-style-type: none"> <li>• Medication will be prepared and administered as recommended in the current relevant Zoledronic Acid Australian Product Information (PI) available at: <a href="http://www.ebs.tga.gov.au">www.ebs.tga.gov.au</a></li> <li>• In the case that a patient displays an acute reaction in the presence of a Sonic Nurse Connect nurse, during or after the infusion, the nurse will administer emergency treatment in accordance with the Sonic Nurse Connect anaphylaxis protocol available at: <a href="http://www.snc.com.au">www.snc.com.au</a></li> </ul>	

Prescribing Doctor Confirmation & Details:	
<ul style="list-style-type: none"> <li>▪ I request the Sonic Nurse Connect nurse to administer the medication as ordered to this Patient</li> <li>▪ I confirm that the prescribed treatment is not contraindicated for this Patient</li> </ul>	
<b>Prescribing Doctor Signature:</b>	
Prescribing Doctor Name:	Date:
Provider No.	Phone:
Address:	
Email:	Fax:

**The Sonic Nurse Connect Privacy Policy is available to view at [www.snc.com.au](http://www.snc.com.au) or you can request a copy by contacting us on 1800 687 726.**