

Refer via:	Fax: 1800 880 683	Email: infuse@snc.com.au	Call:	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 Route: Intravenous Infusion Frequency: Once only Duration: 15 minutes (20 minutes for Zoledasta®) Dosage: 5 mg	Administration by Sonic Nurse Connect <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Date:</td> <td style="width: 50%;">Time:</td> </tr> <tr> <td colspan="2">Nurse Name:</td> </tr> <tr> <td colspan="2">Nurse Signature:</td> </tr> </table>	Date:	Time:	Nurse Name:		Nurse Signature:	
Date:	Time:						
Nurse Name:							
Nurse Signature:							
Infusion Location: <input type="checkbox"/> SNC Community Treatment Centre <input type="checkbox"/> Doctor's Clinic (Approved by SNC for lists of ≥ 5 patients)							
Special Instructions: <ul style="list-style-type: none"> Medication will be prepared and administered as recommended in the current relevant Zoledronic Acid Australian Product Information (PI) available at: www.ebs.tga.gov.au 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: www.snc.com.au 							

Prescribing Doctor Confirmation & Details:	
<ul style="list-style-type: none"> I request the Sonic Nurse Connect nurse to administer the medication as ordered to this Patient I confirm that the prescribed treatment is not contraindicated for this Patient 	
Prescribing Doctor Signature:	
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 or you can request a copy by contacting us on 1800 687 726.