McKinley Medical Centre

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Aclasta Infusion - Patient Referral & Consent for Treatment

Patient Details			
First name:		**Last name:**	
Gender:		**Date of Birth:**	
Address:			
State:		**Postcode:**	
Email:		**Mobile Phone:**	
Patient Emergency Contact:		**Phone:**	

Prescribing Doctor's Details					
First name:		**Last name:**			
Clinical Address:				**Postcode:**	
Phone:		**Email:**			
Provider No:					

Medical Details Required			
Has the patient had an Aclasta infusion before? ☐ Yes ☐ No I confirm it has been at least 12 months since the last Aclasta infusion ☐ YES			
eGFR Result:		Date of Result:	

Prescribing Orders			
Medication	**Route**	**Dose**	**Frequency**
Zoledronic Acid	IV	5mg	Once Only

Infusion will be administered as per product information

Special Instructions:

☐ Paracetamol prior to and for three days following procedure.

☐ Adequate hydration – two glasses of water prior and following procedure.

☐ I understand that in the rare case that a patient displays an acute reaction in the presence of a nurse, during or after a Zoledronic Acid infusion, the nurse may administer emergency medication in accordance with the infusion company's anaphylaxis protocol.

Doctor Signature	Date of Order:	

☐ **I HAVE GIVEN THE PATIENT THEIR PRESCRIPTION AND INSTRUCTED THEM TO BRING IN MEDICATION TO THE PHARMACY ON THE DAY OF THE INFUSION APPOINTMENT.**

The doctor has discussed the Aclasta® Infusion Support Program with me and I understand that by signing this consent I give my permission for the information contained within this form to be shared with the organisations providing this service. In the event of an adverse event occurring I understand that the healthcare professional may choose to make a report of the incident to the product provider. If I have elected to have the infusion provided to me at home I agree to being contacted by the service providers for payment. I agree to pay the patient co-payment of Pharmaceutical Benefits Scheme (PBS) medicines supplied to me at the home or clinic visit.

Patient Signature *(sign on above line)*	Date:	

Fees: The fee for a Aclasta Infusion is **$250.00**.

Please Email referral & prescriptions to: **info@mckinleymc.com.au**	Phone: (03) 9795 4011