Sonic Nurse Connect

ZOLEDRONIC ACID INFUSION SERVICE - Patient Referral for Treatment

Step 1: PRESCRIBING DOCTOR details

First name:	Last name:	
Clinic address:	State:	Postcode:
Phone: (0)	Fax: (0)	
Email:	Provider number:	

Step 2: PATIENT details

First name:	Last name:	
Gender: M ☐ F ☐	Date of birth: DD /MM / YYYY	
Mailing address:	State:	Postcode:
Phone: (0)	Mobile:	
Emergency contact:	Relationship:	Phone:

Step 3: PATIENT history

Has the patient had a Zoledronic Acid infusion previously? NO ☐ YES ☐ Date if known: DD /MM / YYYY

Does the patient have any known allergies? NO ☐ YES ☐ Details:

Has the patient had / likely to have an invasive dental procedure within the last / next 3 months (e.g. root canal)? NO ☐ YES ☐

Step 4: MEDICATION ORDER

Medication	Route	Dose	Frequency
Zoledronic Acid	**IV**	**5mg**	**Once only**

Infusion will be administered as per approved Product Information.

Special instructions:

RECORD OF ADMINISTRATION (to be completed by the nurse)

Date	Time	Dose	Nurse Name

SNC USE ONLY

Nurse signature:

- ☑ I understand that in the rare case that a patient displays an acute reaction in the presence of a nurse, during or after the infusion, the nurse may administer emergency medication in accordance with the Sonic Nurse Connect anaphylaxis protocol.
- ☑ I have explained to my patient they will be contacted by Sonic Nurse Connect to arrange an appointment for an infusion and they have provided their consent to this.
- ☑ I have given the patient their prescription and instructed them to bring their medication to the infusion appointment.

Prescribing Doctor Signature:	Date of Order:

Step 5: INFUSION LOCATION DETAILS

☐ **SONIC NURSE CONNECT Community Infusion Centre** (convenient location arranged in consultation with the patient)

OR *subject to assessment and nurse availability:*

☐ My Rooms / Clinic

☐ Patient's Residential Aged Care Facility

☐ Patient's Home **(please note that a fee will be payable by the patient for the home infusion service)**

STEP 6: PLEASE SEND COMPLETED FORM TO SONIC NURSE CONNECT

EMAIL: infuse@snc.com.au FAX: 1800 880 683 PHONE: 1800 INFUSE (1800 463 873) for further information

Our Privacy Policy is available to view at www.snc.com.au or you can request a copy by contacting us on 1800 687 726.