



FLOW INFUSIONS

FLOW INFUSION CLINICS

Flow Calgary

3007 14 ST SW #301 Calgary, AB
(in the SKIN Clinic)
Phone: 403.764.7545
Fax: 825.540.3580

Flow Kelowna

#2-1131 Lawson Ave, Kelowna, BC
(in the EntheoMed Clinic)
Phone: 236.420.6854
Fax: 778.699.4514

Infusion Request

Rx: **Zoledronic Acid (Aclasta)**

PATIENT INFORMATION

FIRST NAME: _____ LAST NAME: _____

MALE FEMALE NON-BINARY D.O.B.: _____ PHONE NUMBER: _____

PERSONAL HEALTHCARE NUMBER: _____

PRIMARY DX: _____ SECONDARY DX: _____

ADDITIONAL DX: _____

PHYSICIAN ORDERS

ORDERED SERVICES

Zoledronic Acid 5mg/ 100ml

Sig: Infuse via IV according to manufacturer's instructions over at least 15 minutes

Qty: #100ml

NOTES

- Referring physician office. Please forward recent lab work: *renal functions as well as serum calcium*
- Flow clinic will contact patient re: allergies, insurance, and appointment scheduling.
- Prescribing physician will be notified with a post infusion report.

REFERRING PHYSICIAN

PHYSICIAN NAME: _____

LICENSE #: _____

PHYSICIAN SIGNATURE: _____

DATE: _____

PHYSICIAN PHONE: _____

FAX: _____