

INFUSION THERAPY

COVENANT CLINICS

phone: 556-0200 fax: 556-0201
3961 E. Lohman Ave, Las Cruces, NM

Patient NAME: _____

Address: _____

City/State/ZIP: _____

Phone/alternate: _____

Allergies: _____

Referring Provider, address and signature:

DIAGNOSIS: postmenopausal/senile osteoporosis (733.01)
 Paget's Disease of bone (osteitis deformans) (731.0)
 Other: _____

IV access type: peripheral access
 midline with ultrasound guidance
 PICC with ultrasound guidance

Medication: zoledonic acid (Reclast) 5mg
 Other: _____
 Other: _____

Renal Function: renal panel to be drawn at time of infusion
 BUN and creatinine results (current) attached

Please have patient bring insurance card(s) at time of appointment; *Thank You!*