LIFESCREEN AUSTRALIA

Patient Referral for Treatment – Zoledronic Acid Infusion

OFFICE USE ONLY:	Patient ID: ☐☐☐☐☐☐	Control Number: ☐☐☐☐☐☐

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:
Email:	
Patient's emergency contact. Name:	Phone: (0)
Relationship to Patient:	

Step 3: MEDICATION ORDER

PRESCRIBING DOCTOR

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

Infusion will be administered as per approved Product Information.

Special instructions:

RECORD OF ADMINISTRATION

Date	Time	Dose	Nurse Signature
			Name:

Nurse notes:

- 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 Lifescreen anaphylaxis protocol available at www.lifescreen.com.au.
- I have explained to my patient they will be contacted by Lifescreen 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: / /

PLEASE ENSURE BOTH PAGES OF REFERRAL FORM ARE COMPLETED

LIFESCREEN AUSTRALIA

Step 4: PATIENT HISTORY

Has the patient had a Zoledronic Acid infusion previously? No ☐ Yes ☐

Does the patient have any known contraindication to Zoledronic Acid? No ☐ Yes ☐

Has the patient had any invasive dental procedures performed in the last three months or are they likely to require invasive dental procedures in the next three months (e.g. root canal, tooth extraction)? No ☐ Yes ☐

Step 5: INFUSION LOCATION DETAILS

☐ LIFESCREEN Community Infusion Centre (convenient location arranged with the patient)

Other service delivery options may be available as listed below. If one of these options is selected LIFECREEN may need to contact you to discuss.

☐ My Rooms / Clinic

☐ Patient's Residential Aged Care Facility

☐ Patient's Home* (for patient's who have difficulty accessing a LIFESCREEN Infusion Centre)

**Note that a patient contribution fee will be charged by LIFESCREEN for the home infusion service.*

Step 6: PRIVACY POLICY

Lifescreen Australia (ABN 66 010 372 004) ("we", "us" or "our") collect personal information about you in order to complete a referral and administer treatment with Zoledronic Acid to patients referred to Lifescreen by you, and for purposes otherwise set out in our Privacy Policy at www.lifescreen.com.au. If you do not provide this information, we may not be able to provide this service to the patient. This information may be disclosed to third parties that help us deliver our services (including information technology suppliers, communication suppliers and our business partners) or as required by law. The Privacy Policy explains how we will collect, use, store and disclose your personal information, and the way in which you can access and seek correction of your personal information or complain about a breach of the Privacy Act. To obtain further information you can contact us on 1800 686 000 or 1800 673 123. Information on the Lifescreen Privacy Policy is available at www.lifescreen.com.au.

Step 7:

Send completed form to LIFESCREEN:

BY FAX (1800 880 683)

OR EMAIL (infuse@lifescreen.com.au)

FOR FURTHER INFORMATION CALL 1800 INFUSE (1800 463 873)

Click to PRINT