



### Zoledronic Acid (Aclasta) Infusion – Referral Checklist

To ensure timely booking and safe administration of Zoledronic Acid infusion, please confirm that all of the following have been completed and included with the referral.

#### Referral Requirements

- Referral addressed to Dr Hassan Shahid-(Provider Number: 5437236B)
- Indication of treatment
  - Osteoporosis (no fractures)
  - Osteoporosis (previous fractures)
  - Paget's disease

#### Pathology Requirements (within last 3 months)

- Urea, creatinine, eGFR
- Vitamin D and serum Calcium levels

#### Dental Assessment

- No current dental issues and recent dental review
- Recent dental issues with clearance obtained (include letter if available)

#### Special Risk Review (if applicable)

- History of atypical fracture
- History of osteonecrosis of the jaw

#### Treatment History (if applicable)

Previous osteoporosis therapy:

- Zoledronic Acid (last dose: \_\_\_\_\_)
- Oral bisphosphonates ( \_\_\_\_\_)
- Denosumab (last inj: \_\_\_\_\_)
- Romosozumab (last inj: \_\_\_\_\_)
- Teriparatide (last inj: \_\_\_\_\_)

#### Submission Instructions

Please send the completed referral form, referral letter, and relevant blood results via Medical objects, through secure email or through our website. Once received, the patient will be contacted to arrange an appointment.