IV Aclasta Referral Form

Referring Clinician Details	
Name	
Provider number	
Specialty	
Address	
Contact Number	
Email	
Signature	

Patient Details	
Name	
Date of Birth	
Address	
Contact Number	
Email	

Aclasta Infusion History

Has the patient previously received an Aclasta infusion? ☐ Yes ☐ No

If yes, please provide the approximate date of the last infusion: ____________

Has the patient experienced any side effects or adverse reactions to a previous Aclasta infusion? ☐ Yes ☐ No

If yes, please describe:

Provide pathology results (within last month) by completing the section below or attaching the report

Test	Measurement	Date	Lab
CaC			
Vitamin D			
eGFR			
Creatinine			

Request Date	
Preferred Location	☐ Mitcham Private Hospital Windsor Ward
Admitting Clinician	Dr Raymond Dharmaputra (Endocrinologist) Prov: 508427RT

Internal Check List

Premedication (Tick if Required)	
☐ Paracetamol	☐ Referrer details
☐ Pre-hydration with IV fluid	☐ Patient details
☐ 4 mg oral Dexamethasone	☐ Pathology Results
	☐ Consent Form
	☐ Medication order chart

Email form to: drkendocrinology@gmail.com

27 Doncaster East Road, Mitcham VIC 3132
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Part of Ramsay Health Care

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