



RECLAST ORDER FORM

Please fax form to 973-989-4453 or email it to infuse@idcare.com

If you would like to speak to our infusion secretary, please call 973-989-0068 ext. 208

Patients Name:	DOB:
Address:	Phone:
SSN:	Sex
ALLERGIES:	
Type of Insurance:	
Diagnosis:	
MEDICATION ORDER:	

Physician's Name (Print): _____ Phone: _____

Physicians Signature: _____ Date: _____

Please fax back the following with this sheet:

1. History and Physical of patient
2. Demographic sheet
3. Copy of insurance card(s)
4. Bone Density Report
5. **Recent bloodwork (must be within 3 months)**
 - a. Creatinine clearance (greater or equal to 35 mL/minute)
 - b. Serum calcium level (if available)

Additional Comments:

How this works:

1. After you submit this form with the attached documents, our intake secretary will call the patient's insurance company to receive the benefit information.
2. The intake secretary will contact the patient to set up their appointment.
3. On the day of their appointment, an ID Care physician will meet with the patient in the infusion suite and review their blood work, H&P, and order.
4. The patient will receive information regarding Reclast.
5. Administration will be given by our infusion nurse over 15 minutes.
6. The patient will be discharged after reviewing discharge summary with the nurse.
7. The patient will receive a reminder letter in the mail approximately one month prior to their next dose of Reclast.