

Dear

Re: Zolendronate (Aclasta®) Infusion

Thank you for your enquiry regarding the Aclasta infusions as Silverstream Health Centre Ltd is a referral site where you could send your patient's for their infusion in a primary care setting.

Our expectation is that a referring GP is responsible for the screening, prescribing and preparation of the patient, and could refer patients to us for the infusion.

This can be expected to be a 60 minute consultation with an IV-qualified nurse, at the cost of \$130 (no extra charge for casual patients).

Please find attached a referral letter should you wish to consider this option for your patients. When we receive a referral letter for a patient, we will contact them and discuss the procedure, side effects and their prophylaxis, cost and expectations. Once treatment has been provided, we will then notify the referring doctor so that they can update their records/recalls and we encourage patients to report any adverse reactions to their GP's.

Information regarding Aclasta® can be found on the website www.aclasta.co.nz and for further information, please feel free to contact us at Silverstream Health Centre.

We look forward to working with you.

Kind regards,

Jane Morris

Primary Health Care Nurse
Silverstream Health Centre Ltd
jane.morris@hv.radiusmedical.co.nz

Please fill in this form and return it to
Silverstream Health Centre
Silverstream Village Shops
Whiteman's Road, Upper Hutt 5142
Phone 04 5277 376 Fax 04 5283 278

1 PATIENT'S DETAILS

Patient's name _____

Address _____

Date of birth _____

Phone (Home) _____

Phone (Work) _____

Phone (Mobile) _____

NHI _____

2 CHECKLIST FOR REFERRAL

Is patient's eGFR >35ml/min? Yes No

Is patient on Vitamin D or had a loading dose of Vitamin D? Yes No

Is patient's serum Calcium normal? Yes No

Have you checked that the patient's current list of medications has no contraindications to prescribing Aclasta? Yes No

Has the patient been given the prescription for the Aclasta®? Yes No

Has the patient been advised to stop taking any oral bisphosphonates? Yes No

3 DOCTOR'S DETAILS

Referring Doctor _____

Address _____

Signature _____

Date of signature _____