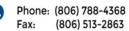


Houssam Al Kharrat Gastroenterology

 5115 80th Street Lubbock, TX 79424





RECLAST (zoledronic acid) Infusion orders

| Name: | | DOB: | мО | FО |
|---|--|---|-------------------------------------|-------------------------|
| Phone #1 : | (H/W/C) | Phone #2: | (| 1/W/C) |
| | one Density Report ecent Lab Report (v Creatinine cle Serum calcium | vithin the last the earance (greater | ree months): or equal to 35 mL/m | iinute) |
| PRE-MEDICATION ☐ Tylenol 1000m ☐ Diphenhydram | g PO | | etirizine 10mg PO | (other) |
| Ag | ge-related osteoporosi ge-related osteoporosi | s <i>with</i> current path | _ | rapy (CTIBL-HALT) |
| | er Reclast (zoledror no less than 15 m | · - | | NT WEIGHT lbs. kg |
| ORDERING PROVIDE | R | | | |
| Signature X | | | Date | |
| Provider Please FAX: | OMedication Order | | OClinicals OLabs O | |

to 1-806-302-1241