TEVA OSTEOPLAN – REFERRAL FORM

To arrange for infusion services, please fax or email this form.
F 1 866 417 1945 **E** *tevazoledronic@bayshore.ca*

PATIENT INFORMATION

Last name	First name	Date of birth (MM/DD/YY)	Sex ❑ F ❑ M

Home address	City/Province	Postal code

Home phone number	Mobile phone number	Work phone number	Email

Permission to leave a message ❑ Home ❑ Mobile ❑ Work

INDICATIONS

Teva Canada's Zoledronic Acid Injection (zoledronic acid 5 mg/100 mL) is indicated for:

- The treatment of osteoporosis in postmenopausal women, as a once-yearly intravenous infusion, to reduce the incidence of hip, vertebral and non-vertebral fractures.
- The treatment to increase bone mineral density in men with osteoporosis, as a once-yearly intravenous infusion.
- The treatment and prevention of glucocorticoid-induced osteoporosis, to increase bone mineral density, as a once-yearly intravenous infusion.
- The prevention of postmenopausal osteoporosis in women with osteopenia as a single intravenous infusion.
- The treatment of Paget's disease of the bone in men and women, as a single-dose intravenous infusion. Treatment is indicated in patients with Paget's disease of bone with elevations in serum alkaline phosphatase (SAP) of at least two times the upper limit of the age-specific normal reference range, or those who are symptomatic, or those at risk for complications from their disease to induce remission (normalization of serum alkaline phosphatase). The effectiveness of Zoledronic Acid Injection is based on serum alkaline phosphatase (SAP) levels.

The use of zoledronic acid in patients with severe renal impairment (creatinine clearance <35 mL/min) and in those with evidence of acute renal impairment is contraindicated due to an increased risk of renal failure in this population.

The following precautions should be taken to minimize the risk of renal adverse reactions:

- Creatinine clearance should be calculated based on actual body weight using Cockcroft-Gault formula before each Zoledronic Acid Injection dose. Transient increase in serum creatinine may be greater in patients with underlying impaired renal function. Interim monitoring of creatinine clearance should be performed in at-risk patients.
- A single dose of Zoledronic Acid Injection should not exceed 5 mg and the duration of infusion should not be less than 15 minutes.

I certify that this patient fulfills the requirements for treatment with Zoledronic Acid Injection.

Physician signature

Consult the Zoledronic Acid Injection product monograph at: http://webprod5.hc-sc.gc.ca/dpd-bdpp/index-eng.jsp. The product monograph is also available by calling Teva Canada Limited at 1 800 268 4127 x1255005.

Previous treatment with Zoledronic Acid Injection	❑ Yes ❑ No	Current use of calcium supplements	❑ Yes ❑ No
Previous history of hypocalcemia	❑ Yes ❑ No	Current use of Vitamin D supplements	❑ Yes ❑ No

Rx: PLEASE MARK CLEARLY

❑ **Teva Zoledronic Acid 5mg** in 100ml aqueous solution IV x 1 infusion to be infused in no less than 15 minutes.

Physician signature	Date	License number

INFUSION SERVICES

Preferred infusion clinic location

Please send report on patient's infusion to:

Physician name	Fax number

PATIENT CONSENT (THIS SECTION TO BE COMPLETED BY THE PATIENT)

I, _____ (Print name), the undersigned, understand the services offered by Teva Osteoplan. My physician has explained the purpose and expected benefits of Zoledronic Acid, and all of my questions regarding the medication have been answered. I authorize my physician to disclose to Bayshore and its authorized representatives my personal information necessary for my prescription to be filled, including the information on this referral form (as used in this consent, the term "personal information" includes "personal health information") and to the collection, use and disclosure of my personal information. I authorize and consent to Bayshore and its authorized representatives using my personal information solely for the dispensing of Zoledronic Acid. I understand that if my personal information is to be used for a purpose not previously identified, such new purpose will be identified to me, and my further consent will be obtained prior to my personal information being used. I understand that I may arrange to access the personal information held by Bayshore, and may rectify any deficient information, by contacting Bayshore in writing at Bayshore Specialty Rx Ltd., 2155 Dunwin Drive, Unit 10, Mississauga, ON, L5L 4M1, attention Privacy Officer. I understand that I may revoke this consent at any time by writing to Bayshore at the address above. If I revoke my consent, no further collection, use or disclosure of my personal information will occur. I can obtain a copy of Bayshore's privacy policies at www.bayshore.ca or by calling 1 800 668 9490 and asking for the Privacy Officer.

I consent to the collection, use and disclosure of personal information as described above. ❑ Yes ❑ No

Patient/Consenting signature	Date

If consent is obtained by telephone, document here:

Verbal consent obtained by	Date

I want: ❑ the product to be sent to the infusion clinic with infusion supplies arranged by the program. Initials of patient

❑ to pick up the product at my pharmacy and bring it with me to the infusion clinic; I will submit my pharmacy receipt to the program via fax in order for infusion supplies to be arranged for me. Initials of patient

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PHYSICIAN INFORMATION

Last name	First name	License number

Address	City/Province	Postal code

Work phone number	Work fax number

PRESCRIBER CONSENT

I, _____ (Print Name), the undersigned, understand the services offered by Teva Osteoplan and agree to the collection, use and disclosure of my professional information, and to the exchange or sharing of my professional information relating to prescribing and administering Zoledronic Acid Injection. I understand that I may arrange to access the information held by Bayshore, and may rectify any deficient information, by contacting Bayshore in writing at Bayshore Specialty Rx Ltd., 2155 Dunwin Drive, Unit 10, Mississauga, ON, L5L 4M1, attention Privacy Officer. I understand that I may revoke this consent at any time by writing to Bayshore at the address above. If I revoke my consent, no further collection, use or disclosure of my information will occur. I can obtain a copy of Bayshore's privacy policies at www.bayshore.ca or by calling 1 800 668 9490 and asking for the Privacy Officer.

I consent to the collection, use and disclosure of professional information as described above. ❑ Yes ❑ No

Prescriber signature	Date

Questions? Please call 1 844 241 0155.