

IV Aclasta

Elective Admission 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:

Recent Pathology (completed within last month)

Test	Measurement	Date	Lab
CaC			
Vitamin D			
eGFR			
Creatinine			

Request Date	
Preferred Location	<input type="checkbox"/> Waverley Private Day Infusion Centre
Admitting Clinician	Dr Raymond Dharmaputra (Endocrinologist) Prov: 508427RT

Internal Check List

Premedication (Tick if Required)

- ☐ Paracetamol
- ☐ Pre-hydration with IV fluid
- ☐ 4 mg oral Dexamethasone

- ☐ Referrer details
- ☐ Patient details
- ☐ Pathology Results
- ☐ Consent Form
- ☐ Medication order chart

Email form to: Waverleydirectaccess.wvp@ramsayhealth.com.au

343 - 357 Blackburn Rd, Mount Waverley VIC 3149
Ph: 03 9881 7700

waverleyprivate.com.au

People caring for people.



**Waverley
Private Hospital**
Part of Ramsay Health Care