RapidAccess
MEDICAL INFUSIONS

BISPHOSPHONATE INFUSION REFERRAL FORM

Send referrals to: **Email:** referrals@rapidaccess.au **Fax:** (02) 4096 1371

PATIENT DETAILS (AFFIX LABEL IF AVAILABLE)

Surname: .....

Given names: .....

DOB: Sex: ☐ M ☐ F ☐ Other

Clinic Location: CHOOSE LOCATION

PLEASE VISIT OUR WEBSITE FOR FULL LIST OF LOCATIONS

Patient Clinical Details

CLINICAL INDICATION / DIAGNOSIS

- ☐ Osteoporosis/metabolic bone disease
- ☐ Malignancy-related bone disease
- ☐ Other: .....

MEDICAL HISTORY:

- ☐ Nil Known
- ☐ Renal Failure
- ☐ Fluid Restriction
- ☐ Pregnant
- ☐ Other: .....
- ☐ Heart Failure
- ☐ Severe Asthma
- ☐ Dental Issues or Recent Dental Procedures

ALLERGIES / ADVERSE DRUG REACTIONS

- ☐ Nil Known
- ☐ Previous Infusion Reaction
- ☐ Medicine / Other

DESCRIBE REACTION

CLINICAL PARAMETERS:

CAN LEAVE BLANK IF BLOODS ATTACHED

Date of results: .....

eGFR: ..... Corr Ca: .....

Vit D: ..... PO4: .....

Mg: ..... Creat: .....

<<<<< PLEASE ATTACH LATEST BLOOD RESULTS >>>>>

Patient Support

- ☐ **Booking Assistance Required:** Our team will contact this patient to assist them in booking their appointment

  Phone no: .....
- ☐ **Mobile Infusion Service Required:** For in-home / residential aged care (additional private fees may apply)
- ☐ **Interpreter Required:**

  LANGUAGE
- ☐ **Aboriginal / Torres Strait Islander**

Bisphosphonate infusion | Choose medication, total dose and protocol

1 Medication / Dose / Treatment Schedule

☐ **Zoledronic acid 5 mg / 100 mL**

Aclasta® or equivalent

Ready to infuse — one dose per referral

☐ **Zoledronic acid 4 mg / 5 mL**

Zometa® or equivalent — concentrate

☐ Once every ..... weeks for ..... months

☐ **Other bisphosphonate**

Medication / dose: .....

Treatment schedule: .....

2 Administration Protocol

Clinic standard protocol *(default)*

Aclasta® or equivalent: Administered as the supplied ready-to-infuse solution.

Zometa® or equivalent: Diluted in 100 mL of 0.9% NaCl.

Infusion duration follows the approved clinic protocol and product information.

Prescriber-specified protocol *(optional)*

If completed, these instructions override the clinic standard protocol.

Diluent: ..... Volume: .....

Duration: .....

Treatment schedule / additional instructions: .....

.....

Pre-medication: If required, must be prescribed and managed separately

Referrer Authorisation

DOCTOR / NP NAME: .....

PROVIDER NO: .....

PRACTICE NAME: .....

By signing, I confirm:

I have explained the purpose, risks, and side effects of this treatment. The patient understands they may withdraw consent at any time.

The patient has no known contraindications and I have provided a valid prescription (eScripts preferred), along with relevant blood results (<4 weeks old) and supporting clinical documentation.

SIGNATURE: DATE:

PATIENT INFORMATION TURN PAGE

DO NOT WRITE IN THIS BINDING MARGIN

PATIENT INFORMATION FOR INTRAVENOUS (IV) PROCEDURE

RapidAccess
MEDICAL INFUSIONS

PATIENT INFORMATION

BOOK YOUR APPOINTMENT

1300 070 731
rapidaccess.au
SCAN HERE

1 Choose a Clinic & Book Your Appointment — 2 min

2 Complete Online Patient Registration & Document Upload — 5 min

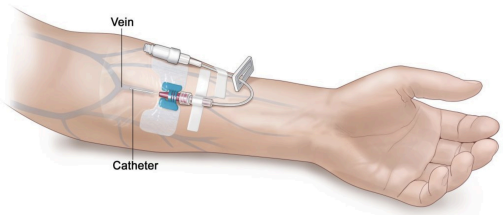
3 Attend Your Scheduled Appointment — 30–90 min

Understanding Your IV Procedure

You have been prescribed an intravenous (IV) procedure. This involves placing a small, soft plastic tube called a cannula into a vein, usually in your arm or hand. The cannula allows fluids or medications to be delivered, or blood to be collected, in a safe and comfortable manner by an accredited nurse.

What to Expect

- A tourniquet is applied to help locate a suitable vein.
- A needle is used briefly to insert the cannula. Once in place, the needle is retracted and only the soft plastic tube remains in the vein.
- A dressing is applied to secure the cannula in place.
- Your treatment will then begin. This may involve fluids or medication being slowly infused, or a prescribed amount of blood being collected, depending on the procedure prescribed.
- Once the procedure is complete, the cannula is removed, pressure is applied to the site to stop any bleeding, and a small bandage is placed over the area.



Example of IV Cannulation

Medication Collection

If your appointment requires medication, you can collect it from your local pharmacy or ask us to collect it for you. To use our **Medication Collection Service,** select this option when uploading your script through the document upload portal in your appointment confirmation email. If you choose this option, we will have your medication ready for your appointment.

Getting Ready for Your Appointment

Before You Arrive:

- Eat a light meal to avoid nausea or dizziness.
- Stay well hydrated unless advised otherwise.
- Wear loose clothing with sleeves that roll up easily.
- Bring a jacket in case you feel cold.
- Please bring your Medicare card, any applicable concession cards, and a valid form of photo ID.

When You Arrive:

- Arrive 10 minutes early for check-in and preparation.
- Let staff know if you're unwell or if your health has changed.
- You will be asked to complete a pre-procedure assessment and consent form.
- A nurse will explain the procedure, ensure your comfort, insert the cannula, and monitor you throughout your procedure.

After Your Procedure:

- Your procedure may take 30–90 minutes, depending on treatment.
- Stay for up to 30 minutes afterwards so we can check you're well.
- Mild bruising or tenderness usually settles within a few days.
- Check the site daily for a week. Contact us or your doctor about discolouration, pain, swelling or discharge.

Health & Safety Notice

If you have a heart or kidney condition, please check with your doctor regarding fluid restrictions prior to your procedure. Please do not attend the clinic if you have cold or flu symptoms. Contact us to reschedule your appointment if you are feeling unwell.

Your doctor has recommended Rapid Access Medical Infusions for your IV procedure. While you are free to choose any licensed medical infusion provider, please note that not all clinics may offer the specific medications or services required for your care. We recommend discussing your options with your treating practitioner to ensure continuity, safety, and the best outcome for your treatment.

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DOCTOR REFERRAL TURN PAGE

DO NOT WRITE IN THIS BINDING MARGIN