

Physician Signature:

MEDICATION ORDERS

PAMIDRONATE DISODIUM

PATIENT INFORMATION	
Name:	DOB:
Allergies:	Date of Referral:
- 0 - 0	
REFERRAL STATUS	
☐ New Referral ☐ Dose or Frequency Change ☐ Order Renewal	
INFUSION OFFICE PREFERENCE (Optional)	
Preferred Location:	
DIAGNOSIS AND ICD 10 CODE	
	Code: E83.2
- '	Code: E83.2
	Code: M88.89
	Code:
REQUIRED DOCUMENTATION/TESTING	
	nical/Progress notes
	os and Tests supporting primary diagnosis
Recent serum calcium level and serum creatinine	, and and an experience of the same of the
MEDICATION ORDERS	
Dosing Please include frequency in blank space provided:	
Pamidronate 30mg IV every	
D	
	ery
NOTE: All doses will be administered over a minimum of 2 hours	
Refills: x 6 months x 1 year doses	
New orders and progress notes required at least once yearly. A medication substitution may be required based on	
insurance payer policy due to preferred versus non-preferred medications or based on payer step therapy guidelines.	
Please note: if an infusion reaction occurs, the Montgomery Cancer Center provider will order appropriate rescue	
medications as deemed medically necessary. This may also include pausing, reducing the rate of infusion or discontinuing	
the medication.	
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PROVIDER INFORMATION Office Contact Names	
Office Contact Name:	Describer AIDL
Prescribing Providers Name:	Provider NPI:
Office Address: City:	State: Zip:
Office Phone Number: Office Fax Number:	

Contact us with questions at: Montgomery (334) 273-7000 or Prattville (334) 351-1000

Date:

Fax completed form and all documentation to Montgomery (334) 260-2011 or Prattville (334) 358-1207