



DEHESA DERMATOLOGY

Dehesa Dermatology

978 N. Temperance Ave. Clovis CA 93611

(P) 559.951.9000 (F) 559. 234.6334

<https://dehesadermatology.com>

BONIVA® (IBANDRONATE SODIUM) INJECTION ORDER

Patient Information

Patient Name: _____

Address: _____

DOB: _____

Phone: _____

Patient Height: _____

Patient Weight (kg): _____

Diagnosis: _____

ICD-10 Code: _____

Attach:

- ☐ Patient demographics
- ☐ Copy (front & back) of insurance card(s)
- ☐ Most recent clinical notes
- ☐ Most recent DEXA scan (if applicable)

Required Laboratory Screening (Results must accompany order)

- ☐ Serum Calcium level
- ☐ Renal function (CMP or BMP)
- ☐ Vitamin D level

Provider confirms:

- ☐ No hypocalcemia
- ☐ Creatinine clearance $\geq$ 30 mL/min
- ☐ Patient receiving adequate calcium and vitamin D supplementation
- ☐ No active dental infection or planned invasive dental procedures

Medication Order

- ☐ BONIVA® (Ibandronate Sodium) 3 mg IV push

Dosing Regimen

- ☐ 3 mg IV every 3 months
- ☐ Other: _____



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Pre-Medications

- ☐ None
☐ Acetaminophen 650 mg PO once
☐ Other: _____

PRN / Emergency Medications

Administer per reaction protocol if clinically indicated:

- ☐ Diphenhydramine 25–50 mg PO or IV PRN
☐ Methylprednisolone 125 mg IV PRN
☐ Epinephrine 0.3 mg IM PRN anaphylaxis
☐ Albuterol 2.5 mg nebulized PRN bronchospasm
☐ Normal Saline IV bolus PRN hypotension
☐ Other _____

Additional Instructions

Ordering Physician:

Printed Name: _____

Signature: _____ Date: _____

Contact Person: _____

Phone: _____ Fax: _____

FAX ORDER TO 559.234.6334