



Eastmed Doctors
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PATIENT CONSENT FORM
ZOLEDRONIC ACID IV (ACLASTA)

Procedure: Intravenous infusion of zoledronic acid 5mg (Aclasta) for at least 15 minute duration.

Zoledronic acid 5mg (Aclasta) has been prescribed in nearly one million patients worldwide for the treatment and prevention of osteoporosis and Paget's disease.

I _____(first name) _____(last name)

Date of Birth: ___/___/___

Have had explained to me the purpose and procedure for the infusion of zoledronic acid 5mg (Aclasta).

I also confirm that I have had explained to me adverse effects, including "flu" or cold-like symptoms that may occur.

I have chosen, in consultation with the doctor to take paracetamol (or Nurofen) to reduce the likelihood of such adverse events occurring.

The zoledronic acid 5mg (Aclasta) Consumer Medicines Information and Product Information sheets are available for me should I want further information.

Signature:

Date: