

Zoledronate Infusion

Patient Consent Form

Procedure

Intravenous infusion of Zoledronate 5mg (Aclasta) over at least 15 minutes.

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

Consent

I _____ (first name) _____ (last name)

Date of Birth: ____/____/____

- Have had explained to me the purpose and procedure for the infusion of Zoledronate 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 Zoledronate 5mg (Aclasta) Consumer Medicines Information and Product Information sheets are available for me should I want further information.

Signature: _____

Date: _____