

**PATIENT CONSENT FORM**

**ZOLEDRONIC ACID IV (ACLASTA®)**

**Procedure:** Intravenous infusion of zoledronic acid 5mg (Aclasta®) over at least 30 minutes.

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 whether to take paracetamol or another medicine 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Adapted from Auckland Bone Density and Primary Options NZ information*