
Patient Name: _____ Date of Birth: _____

Diagnosis: _____

Both height and weight are needed for CrCl

The following orders will be enacted unless a specific order is written to the contrary:

1. **LABS:** Creatinine done within 30 days prior to dosing each time.
→ Hold injection and notify physician if Creatinine clearance is < 30 ml/minute
2. **Dosage/procedure:**
 - For post-menopausal osteoporosis:
Administer Ibandronate (Boniva) 3 mg IV push (pre-filled syringe) over 15–30 seconds using butterfly needle supplied in kit with Boniva.
3. **Schedule of Infusions (for post-menopausal osteoporosis):** Every 3 months
4. Notify physician if any suspected drug reaction.
5. May discharge when injection complete and vital signs stable.

PHYSICIAN SIGNATURE

DATE/TIME

Wentworth–Douglass Hospital
PHYSICIAN ORDERS
OUTPATIENT
IBANDRONATE (BONIVA) INJECTION ORDERS



PO0020

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