

# Zoledronate Approved Infusion Centre Application

Ph: (09) 535 7218 Fax: (09) 535 7154 Email: zoledronate@primaryoptions.co.nz

To become an Approved Infusion Centre, complete the following application form and fax to (09) 535 7154, or email to zoledronate@primaryoptions.co.nz

## CLINIC DETAILS:

Clinic Name:	
Contact Person:	
Phone:	
Fax:	
Address:	
Email:	

## CLINIC ACCREDITATION REQUIREMENTS:

- Cornerstone Accreditation
- OR
- NZS 8151:2004 Accreditation

## STAFF TRAINING REQUIREMENTS:

- Intravenous Certification,
- AND
- Attendance at an approved Zoledronate Infusion training course

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For Office Use

Application approved

Approved by: .....

Approval date: .....