



Phone: 1-888-899-7447
Fax: 1-866-368-9808

CAP
Hematology/Oncology
Patient Order Form

| | |
|---------------------|--|
| Patient Info | Last Name: _____ First Name: _____ MI: _____ Phone _____ Home Address: _____ City: _____ State _____ Zip _____ DOB: _____ Patient Weight _____ Kg / lbs. Ht: _____ BSA: _____ Allergies _____ Dx: _____ ICD9 Code: _____ <p style="text-align: center;">Please provide a copy of the patient's insurance card (front and Back) with this prescription order</p> |
|---------------------|--|

| | |
|----------------|---|
| MD Info | Physician Name: _____ Phone: _____ Fax: _____ Physician Address: _____ City: _____ State: _____ Zip _____ DEA _____ UPIN # _____ CAP PIN: _____ NPI _____ PRESCRIBER SIGNATURE: _____ Date: ____/____/____ |
|----------------|---|

| | |
|------------------------------|--|
| Delivery Instructions | <p>Order will be shipped to the address provided above. Physician must be registered with CAP at this location and This must be the site of administration.</p> <p style="text-align: right;">Date for Initiation of Therapy _____</p> <p style="text-align: right;"><i>*If this order is needed in less than 48 hours, please call 888-899-7447 to place order.</i></p> |
|------------------------------|--|

| MEDICATION | IV Medications | Dose | Frequency | #Doses | IV Medications | Dose | Frequency | #Doses |
|-------------------|----------------|-------------|-----------|--------|---|------------------|-----------|--------|
| | Abraxane | _____ mg iv | _____ | _____ | Gemzar | _____ mg iv | _____ | _____ |
| | Avastin | _____ mg iv | _____ | _____ | Herceptin | _____ mg iv | _____ | _____ |
| | BiCNU | _____ mg iv | _____ | _____ | Hycamtin | _____ mg iv | _____ | _____ |
| | Bleomycin | _____ mg iv | _____ | _____ | Ifex | _____ mg iv | _____ | _____ |
| | Camptosar | _____ mg iv | _____ | _____ | Ixempra | _____ mg iv | _____ | _____ |
| | Cisplatin | _____ mg iv | _____ | _____ | (Ixmpra Kit includes diluent for reconstitution. In addition, Lactated Ringers Injection, USP, will be sent with the Ixmpra Kit to further dilute the constituted solution prior to administration) | | | |
| | Cytarabine | _____ mg iv | _____ | _____ | Leucovorin | _____ mg iv | _____ | _____ |
| | Cytoxan | _____ mg iv | _____ | _____ | Leustatin | _____ mg iv | _____ | _____ |
| | Daunorubicin | _____ mg iv | _____ | _____ | Mesna | _____ mg iv | _____ | _____ |
| | Doxorubicin | _____ mg iv | _____ | _____ | Methotrexate | _____ mg iv | _____ | _____ |
| | Dacarbazine | _____ mg iv | _____ | _____ | Mitomycin | _____ mg iv | _____ | _____ |
| | Doxil | _____ mg iv | _____ | _____ | Navelbine | _____ mg iv | _____ | _____ |
| | Eloxatin | _____ mg iv | _____ | _____ | Novantrone | _____ mg iv | _____ | _____ |
| | Ellence | _____ mg iv | _____ | _____ | Taxol | _____ mg iv | _____ | _____ |
| | Erbitux | _____ mg iv | _____ | _____ | Taxotere | _____ mg iv | _____ | _____ |
| | Ethyl | _____ mg iv | _____ | _____ | Thiotepa | _____ mg iv | _____ | _____ |
| | Etoposide | _____ mg iv | _____ | _____ | Velcade | _____ mg iv | _____ | _____ |
| | Faslodex | _____ mg iv | _____ | _____ | Vinblastine | _____ mg iv | _____ | _____ |
| | Fludarabine | _____ mg iv | _____ | _____ | Vincristine | _____ mg iv | _____ | _____ |
| | Fluorouracil | _____ mg iv | _____ | _____ | Zanosar | _____ mg iv | _____ | _____ |
| | _____ | _____ | _____ | _____ | Zoladex | _____ mg implant | _____ | _____ |
| | _____ | _____ | _____ | _____ | Zometa | _____ mg iv | _____ | _____ |

| Auxiliary Medications | | | |
|-----------------------|--|--|---|
| | Aloxi _____ mg iv Anzement _____ mg iv Aranesp _____ mcg Aranesp or Procrit. Indicate if anemia is due to: ___ EA: ESA, anemia, chemo-induced ___ EB: ESA, anemia, radio-induced ___ EC: ESA, anemia, non-chemo/radio-induced Most Recent Level: _____ Date: _____ Hemoglobin _____ or Hematocrit _____ | | Diphenhydramine _____ mg iv Dexamethasone _____ mg iv Epogen _____ units Intron _____ units Kytril _____ mg iv Leukine _____ mg iv Neulasta _____ mg Neupogen _____ mcg Procrit _____ units Zofran _____ mg iv |