PROVIS

Provis Patient No.

MEDICATION ORDER FORM

Abraxane ™ (nab-paclitaxel)

Patient's Surname **Given Name & Initials**	**Date of birth** _____ / _____ / _____ dd mm yyyy
Referring MD/Oncologist	

Results of recent base line LV function study (please indicate):

Patient's Height: _____ cm Weight: _____ kg BSA: _____ m^2	Dose Reduction? Yes ☐ No ☐ Reason_____ Cycle: _____

Pre-Medication
No premedication to prevent hypersensitivity is required.

Abraxane ™ ..... mg (260mg/m^2 or .....mg/m^2) over 30 minutes IV at 5mg/ml.

Please indicate (✓) which series of treatments this order refers to :

Tx 1: _____ mg (260 mg/m^2)	Tx 2: _____ mg (260 mg/m^2)	Tx 3: _____ mg (260 mg/m^2)	Tx 4: _____ mg (260 mg/m^2)
Tx Date:	Date:	Tx Date:	Tx Date:

Scheduled Frequency:

Repeat every 3 weeks

(CBC will be required before each treatment.)

Physician's Signature (Referring Oncologist)	_____ / _____ / _____ dd mm yyyy
Signature of Provis Physician	_____ / _____ / _____ dd mm yyyy

Repeat Order:
Provis requires a new medication order for each series of 4 treatments.

Fax completed form to: **416-532-3635**

Provis Patient No.

Information for Physicians

Abraxane™ Infusion at Provis Infusion Clinic

We would like to make the coordination of systemic therapy at the Provis Clinic and your facility as easy and seamless as possible for both you and your patient.

Our Clinic Administrator will be in contact with your office to confirm treatment dates.

1. Abraxane infusions are scheduled every three weeks.

2. Please download and complete the **Medication Order Form** for Abraxane™ and fax to 416-532-3635. A new Medication Order Form is required for each treatment..

3. Laboratory tests must be coordinated from your facility. We require a baseline CBC and chemistry prior to initiating treatment with updated lab results forwarded to Provis prior to each treatment being renewed. Our staff may call your office to clarify in any case of uncertainty.

If there are any questions or concerns, please do not hesitate to contact our office at Tel. 416-595-0500.

Provis Infusion Clinic Inc.

Peter Anglin, MD

Medical Director