

MEDICATION ORDER FORM

Pemetrexed (Alimta®) (in conjunction with Cisplatin)		
Patient's Surname	Given Name & Initials	Date of Birth ____/____/____ dd mm yyyy
Referring MD/Oncologist		Tel. No.
Diagnosis		Cycle # (q21 days)
Required parameters for full dose		If parameters are not met, please contact Dr. Tel. for patient assessment.
Patient's Height: _____ cm	Dose Reduction? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Weight: _____ kg	Reason: _____	
BSA: _____ m ²		
Pre-Medications		
<ul style="list-style-type: none"> • Please assure patient has anti-emetic medications for home use prior to starting treatment. • Provis Infusion Clinic will administer Pemetrexed on the same day after Cisplatin has been infused at the attending oncologist's facility. The date will be coordinated ahead of time. This will assure that decision to treat has been made after review of patient status and lab data. • Patient will be receiving: <ul style="list-style-type: none"> <input type="checkbox"/> folic acid 0.4 mg/day po <input type="checkbox"/> Vitamin B12 1000 ucg IM q 9 wkly, <u>starting no later than 1 week before cycle # 1</u> <input type="checkbox"/> Dexamethasone 4 mg po bid, <u>starting 1 day prior to each rx</u> • Premeds on day of treatment administered with Cisplatin will include: <ul style="list-style-type: none"> <input type="checkbox"/> Dexamethasone 10 mg IV <input type="checkbox"/> 5-HT3 antagonist (specify) <input type="checkbox"/> Other (specify) 		
Medication prescribed:		
Pemetrexed (Alimta®)..... mg (500 mg/m²) IV in 100 cc of preservative-free N/S over 10 minutes. (Consider dose adjustments for CrCl <45 cc/min) A new order is required with each cycle (q 21 days)		
(For Provis Use Only)		
Tx _____: _____ (date of Tx)		
Physician's Signature (Referring Oncologist)		____/____/____ dd mm yyyy
Signature of Provis Physician		____/____/____ dd mm yyyy
Patients receiving q 3 weekly schedule require order FAXed <i>each treatment</i> at least 24 hours ahead of time		
Fax completed form to: 416-532-3635		