PROVIS

Provis Patient No.

MEDICATION ORDER FORM

Panitumumab (Vectibix)

Patient's Surname	Given Name & Initials	Date of Birth _____ / _____ / _____ dd mm yyyy

Referring MD/Oncologist

Height: _____ cm Weight: _____ kg BSA: __not needed	**Criteria:** Patient tested + for KRAS wild type:

Cycle

.....
(Please note: each cycle consists of 2 infusions each at 14 day intervals (q28 day cycle)

No premedication is necessary.
Anaphylactic kit at bedside

Medication prescribed:

Panitumumab (Vectibix) ..... mg (6 mg/kg) IV infusion

Dilute in a total volume of 100 mL in 0.9% sodium chloride . Final concentration should not exceed 10 mg/mL
Administer over 60 minutes through peripheral or central IV using 0.22 um in-line filter.
Flush line before and after Vectibix™ administration with 0.9% sodium chloride to avoid mixing with other drug products or IV solutions.

Drug to be held if grade 3 or more skin toxicity.

Patients must be seen and monitored regularly by their attending oncologist for the above complications.

(For Provis Use Only) Tx 1 : _____ Date	Tx 2: _____ Date
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 2 treatments (q28 day cycle)

Fax completed form to: 416-532-3635

© 2006 Provis Infusion Clinic Inc. All rights reserved.

Information for Physicians
regarding
Vectibix ® Infusion at Provis Infusion Clinic

Thank you for allowing Provis to assist in your patient's care.
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.

.

1. At present, infusions at Provis are given on Wednesday evening only.

2. Please complete the **Medication Order Form** for Vectibix ® and fax to 416-532-3635.

3. While our nursing staff assesses patients with each treatment it is important that patients are seen at least once every 4 weeks. Please note the medical order form must be renewed every 2nd treatment (once every 4 weeks). Electrolyte abnormalities including should be monitored for during vectibix therapy.

4. In cases where a grade 3 or 4 skin rash is evident patients will be directed back to their oncologist and infusions will be held until resolution and or improvement.

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

Peter Anglin, MD
Medical Director

.