



Provis Patient No.				

### MEDICATION ORDER FORM

<b>Bevacizumab (Avastin®)</b>	
Patient's Surname	Given Name & Initials
Date of Birth	
_____ / _____ / _____ dd                      mm                      yyyy	
Referring MD/Oncologist	
Patient's Height: _____ cm	Dose Reduction?    Yes <input type="checkbox"/> No <input type="checkbox"/>
Weight: _____ kg	Reason: .....
BSA: _____ m <sup>2</sup>	.....
<b>Current Protocol</b>	
.....	
<b>Cycle:</b> .....	
(i.e. FOLFIRI + Avastin) (Please note: each cycle consists of 2 infusions each at 14 day intervals (q28 day cycle))	
<b>Pre-Medication</b>	
<input type="checkbox"/> Benadryl 50 mg IV	<input type="checkbox"/> Decadron 4 mg IV (1 <sup>st</sup> dose only)
<input type="checkbox"/> Tylenol 650 mg PO	<input type="checkbox"/> Stemetil 10 mg PO/IV prn <b>OR</b> Gravol 25 mg IV prn
<b>Criteria</b>	
<input type="checkbox"/> Patient has not undergone major abdominal surgery in last 28 days	
<input type="checkbox"/> Patient has no known brain metastases	
Caution and clinical judgment are warranted in patients on anticoagulants (i.e. warfarin). Use of Avastin must be weighed against increased risk of hemorrhage.	
<b>Medication prescribed</b>	
<b>Bevacizumab (Avastin®)</b> _____ mg (5 mg/kg) IV infusion	
Dilute in 100 cc N/S	
First infusion should be administered over 90 minutes. If tolerated, the 2 <sup>nd</sup> infusion may be administered over 60 minutes. If tolerated, subsequent infusions may be administered over 30 minutes.	
<b>Parameters:</b>	
Discontinue Bevacizumab if any of the following develop: GI perforation, wound dehiscence requiring medical intervention, serious bleeding, nephritic syndrome, or hypertensive crisis.	
Temporary suspension of bevacizumab is recommended for: moderate to severe proteinuria pending further evaluation and severe hypertension not controlled with medical management.	
<b>Patients must be seen and monitored regularly by their attending oncologist for the above complications.</b>	
<b>(For Provis Use Only)</b>	
Tx 1 : _____ Date	Tx 2: _____ Date
Physician's Signature (Referring Oncologist)	_____ / _____ / _____ dd                      mm                      yyyy
Signature of Provis Physician	_____ / _____ / _____ dd                      mm                      yyyy
<b>Repeat Order:</b>	
Provis requires a new medication order for each series of 2 treatments (q28 day cycle)	
<b>Fax completed form to: 416-532-3635</b>	



**Information for Physicians**  
regarding  
**Avastin® 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.

You have referred \_\_\_\_\_ for Avastin® infusions.

The tentative start of this therapy is \_\_\_\_\_.

Most Avastin® patients are receiving chemotherapy as well at your facility. FOLFIRI and FOLFOX have been the most common regimens combined with Avastin® in the setting of metastatic colorectal cancer. Our schedule for infusion has included administering Avastin before, during (with interruption of the 5-FU infusion), and after each cycle of systemic therapy. This timing will depend on your particular logistics and comfort with the treatment schedule.

1. At present, infusions at Provis are given on Wednesday evening only.
2. Please download and complete the **Medication Order Form** for Avastin® available from our website [www.provisgroup.com](http://www.provisgroup.com) - Oncology and fax to 416-532-3635.
3. It is important that the required laboratory tests are done within 3 days before treatment (i.e. on the Monday, Tuesday, or Wednesday before the Wednesday evening schedule
5. We request that all test results are reviewed and approved (by signature) by the referring physician or designate.  
This is then FAXed to our confidential server at **416-532-3635** by 4 pm on the Wednesday of treatment (in many cases patients are seen one or two days before and the results with approval are sent in)

If there are any questions or concerns, please do not hesitate to contact our office at Tel. 416-595-0500. You may also call me directly at 416-565-7058.

Provis Infusion Clinic Inc.

**Peter Anglin, MD**  
Medical Director