



Provis Patient No.					

MEDICATION ORDER FORM

Pegylated Liposomal Doxorubicin (Caelyx)	
Patient's Surname	Given Name & Initials
Date of Birth	
_____ / _____ / _____ dd mm yyyy	
Referring MD/Oncologist	
Height: _____ cm	Dose Reduction? Yes <input type="checkbox"/> No <input type="checkbox"/>
Weight: _____ kg	Reason: _____
BSA: _____ m ²	Cycle: _____
Pre-Medications (No prophylactic anti-emetics usually necessary)	
Prochlorperazine 10 mg IV/ PO <input type="checkbox"/> Other <input type="checkbox"/>	
If Prior Infusion Reaction:	
45 minutes prior to pegylated liposomal doxorubicin: Dexamethasone 20 mg IV in 50 mL NS over 15 minutes	
30 minutes prior to pegylated liposomal doxorubicin: Dyphenhydramine 50 mg IV and Ranitidine 50 mg IV in 50 mL NS over 20 minutes	
Chemotherapy:	
Pegylated liposomal doxorubicin 40 mg/m² or 30 mg/m² (circle one) x BSA = _____ mg IV in 250 mL D5W	
In Cycle 1: infuse over at least 1 hour (maximum rate 1mg/minute). For Cycle ≥2 and no previous reaction: infuse over 1 hour. If previous reaction: infuse over at least 1 hour and no faster than 1 mg/minute.	
Scheduled Frequency	
Repeat every 4-5 weeks	
Physician's Signature (Referring Oncologist)	_____ / _____ / _____ dd mm yyyy
Signature of Provis Physician	_____ / _____ / _____ dd mm yyyy
Repeat Order:	
Each cycle requires a new medication order.	
Fax completed form to: 416-532-3635	



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Information for Physicians
regarding
Caelyx ® 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 Caelyx® 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.

Provis Infusion Clinic Inc.

Peter Anglin, MD
Medical Director