PROVIS

Provis Patient No.

MEDICATION ORDER FORM

Bevacizumab (Avastin®)

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

Referring MD/Oncologist

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

Current Protocol

..... (i.e. FOLFIRI + Avastin)

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

Pre-Medication

☐ Benadryl 50 mg IV
☐ Tylenol 650 mg PO
☐ Decadron 4 mg IV (1st dose only)
☐ Stemetil 10 mg PO/IV prn **OR** Gravol 25 mg IV prn

Criteria

☐ Patient has not undergone major abdominal surgery in last 28 days
☐ 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.

Medication prescribed

Bevacizumab (Avastin®)_____ mg (5 mg/kg) IV infusion
Dilute in 100 cc N/S
First infusion should be administered over 90 minutes. If tolerated, the 2nd infusion may be administered over 60 minutes. If tolerated, subsequent infusions may be administered over 30 minutes.

Parameters:
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.
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

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 - 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