

MEDICATION ORDER FORM

Oxaliplatin (Eloxatin®)	
Patient's Surname	Given Name & Initials
Date of Birth ____ / ____ / ____ dd mm yyyy	
Referring MD/Oncologist	
Height: _____ cm	Regimen: Diagnosis:
Weight: _____ kg	Cycle: Dose modification from previous dose? Yes
BSA: _____	Frequency of cycle: Every weeks.
Please assure bloodwork completed within 72 hours of planned treatment date and forwarded to Provis.	
Pre-Meds: Ondansetron 8 mg po (patient may take own) Decadron 8 mg po (patient may take own) NO ICE CHIPS	If Patient experiences hypersensitivity rx consider: Decadron 20 mg IV 45 minutes pre-infusion Benadryl 50 mg with Ranitidine 50 mg together in 50 ml NS
Counsel patients to avoid cold drinks and exposure to cold air, especially on day of oxaliplatin PLEASE PROVIDE SCRIPTS FOR PATIENTS TO FILL PRIOR TO TREATMENT	
Medication prescribed: Oxaliplatin mg/m² X BSA =mg	
Mix in 500 mL D5W and administer over 120 minutes. If previous laryngo-pharyngeal reaction consideration will be given to increasing infusion duration to 5-6 hours. All lines to be primed with D5W.	
For laryngo-pharyngeal dysesthesia stop infusion and observe patient. Check oxygen saturation and if normal consider anxiolytic. May restart at slower rate (1/2) rate from previous.	
(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 treatment if > 2 weeks (> q 14 day cycle)	
Please fax completed form to: 416-532-3635	



Information for Physicians
regarding
Eloxatin ® Infusions 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 Eloxatin infusions.

The tentative start of this therapy is

1. At present, infusions at Provis are given on Wednesday evening only.
2. Please download and complete the **Medication Order Form** for Eloxatin 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.
For Eloxatin the following tests are needed:
Prior to each cycle: CBC, lytes, Cr, liver function tests.
4. 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).
5. If patients develop pharyno-laryngeal dysesthesias we will communicate directly with you regarding timing and duration of further infusions.

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



Provis Patient No.					