

 NEW ENGLAND  
Cancer Specialists

Infusion Center

Kennebunk · Portsmouth · Scarborough · Topsham

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## Epoetin alfa (Procrit/Retacrit) Order Form

Procrit: J0885

Retacrit: Q5105 (ESRD on hemodialysis), Q5106 (for non-ESRD use)

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Diagnosis Code: \_\_\_\_\_

Height: \_\_\_\_\_ (cm) Actual Weight: \_\_\_\_\_ (kg) Allergies: \_\_\_\_\_

- Indication:**
- Anemia due to chemotherapy
  - Anemia due to chronic kidney disease (on dialysis)
  - Anemia due to chronic kidney disease (not on dialysis)
  - Other \_\_\_\_\_

**Administer epoetin if Hgb is less than the following level:**

\* \_\_\_\_\_ gm/dL

**Dose (please select dose from options below):**

- 10,000 units
- 20,000 units
- 40,000 units
- 60,000 units
- 80,000 units
- Other \_\_\_\_\_

**Frequency (please select frequency from options below):**

- Every 7 days
- Every 14 days
- Every 21 days
- Every 28 days

Orders valid through \_\_\_\_ / \_\_\_\_ / \_\_\_\_

In the event of a hypersensitivity reaction, patients will be treated according to NECS protocols for the management of infusion-room drug reaction

Provider Name: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Pager: \_\_\_\_\_