NEW ENGLAND
Cancer Specialists

Infusion Center

KENNEBUNK | ROCK ROW | TOPSHAM | PORTSMOUTH

Epoetin (Retacrit—Q5106 / Procrit—J0885)

The NECS Preferred Agent is Retacrit

Patient Name | Middle | Last | DOB

Diagnosis | Diagnosis Code

Height (cm) | Actual Weight (kg) | Allergies

INDICATION:

- ◯ Anemia due to chemotherapy
- ◯ Anemia due to chronic kidney disease (not on dialysis)
- ◯ Anemia due to chronic kidney disease (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
- ◯ 40,000 units
- ◯ 80,000 units
- ◯ 20,000 units
- ◯ 60,000 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 reactions.

Provider Name | Provider Signature

Date | Phone | Fax | Pager

May 11, 2026