



Infusion Center

KENNEBUNK | ROCK ROW | TOPSHAM | PORTSMOUTH

Keytruda (Pembrolizumab) Order Form—J9271

Patient Name Middle Last DOB

Diagnosis Diagnosis Code

Height (cm) Actual Weight (kg) Allergies

Please list any premeds needed.

PLEASE INDICATE PEMBROLIZUMAB DOSE:

(unless otherwise specified, dose will be administered over 30 minutes):

- 200mg every 21 days 400mg every 42 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