NEW ENGLAND
Cancer Specialists

Infusion Center

KENNEBUNK | ROCK ROW | TOPSHAM | PORTSMOUTH

Methotrexate

Patient Name | Middle | Last | DOB

Diagnosis | Diagnosis Code

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

REQUIRED LABS:

CBC | CMP | HCG

Additional Labs/Orders

PROTOCOL/REGIMEN:

Methotrexate 1 mg/kg IM x _____ kg _____ mg on days _____

every _____

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 5, 2026