



Infusion Center
KENNEBUNK | ROCK ROW | TOPSHAM | PORTSMOUTH
PHONE: (207) 303-3225 | FAX: (207) 692-2473

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