SPRINGSIDE INFUSION

Avastin

Patient information

Patient name _____ **DOB** _____

Mobile number _____ **Weight** _____ ☐ kgs ☐ lbs

Diagnosis

☐ Metastatic colorectal cancer
☐ First-line non-squamous non-small cell lung cancer
☐ Recurrent glioblastoma
☐ Metastatic renal cell carcinoma
☐ Persistent, recurrent, or metastatic cervical cancer
☐ Stage iii or IV epithelial ovarian, fallopian tube or primary peritoneal cancer following initial surgical resection: malignant neoplasm of ovary
☐ Stage iii or IV epithelial ovarian, fallopian tube or primary peritoneal cancer following initial surgical resection: malignant neoplasm of fallopian tube (c57.0)
☐ Stage iii or IV epithelial ovarian, fallopian tube or primary peritoneal cancer following initial surgical resection: malignant neoplasm of peritoneum, unspecified (c48.2)
☐ Other _____

Allergies ☐ NKDA ☐ _____

Medication instructions

Pre-medications

☐ N/A
☐ Provider prescribed: _____

Medication order

Dose

☐ 5 mg/kg every 2 weeks with bolus-ifl
☐ 10 mg/kg every 2 weeks with folfox4
☐ 5 mg/kg every 2 weeks or 7.5 mg/kg every 3 weeks with fluoropyrimidine-irinotecan or fluoropyrimidine-oxaliplatin-based chemotherapy after progression on a first-line bevacizumab product-containing regimen
☐ Other _____

Frequency

N/A
☐ Other _____

Medication route

☐ IV
☐ Other _____

Lab order (Include frequency)

Please list any labs to be drawn by the infusion clinic:
☐ N/A
☐ _____

Prerequisites

Please include the following with your fax submission: Labs and tests supporting diagnosis | Office / progress notes | Demographics

Please send to ☐ Columbia, MD ☐ Silver Spring, MD ☐ Bowie, MD ☐ Frederick, MD

Referring provider information

Referring provider name _____ **NPI** _____

Avastin

Practice name _____

Point of contact Name _____ Email _____ Phone _____

Provider signature _____ Date _____