

Doctor's Order Sheet

**erlotinib** Regimen

**ARIA Protocol Name:** Erlotinib 150 Daily

Adult Chemotherapy- Medical Oncology

Advanced Non-Small Cell Lung Cancer Therapy



CC2010 0072 03 2020

Name: \_\_\_\_\_

HCN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Weight: \_\_\_\_\_ kg    Height: \_\_\_\_\_ cm    Body Surface Area (BSA) = \_\_\_\_\_

<b>Allergies:</b>	<input type="checkbox"/> <b>No Known</b>
Date: <u>DD/MONTH/YYYY</u> Planned Administration Date: <u>DD/MONTH/YYYY</u> Cycle _____ of _____ <b>Cycle Duration: 30 days</b> Date of previous cycle: <u>DD/MONTH/YYYY</u>	
<b>MAY PROCEED WITH DOSES AS WRITTEN IF:</b>	
<ul style="list-style-type: none"> <li>• LFTs and Bilirubin assessed.</li> </ul>	
<b>PREMEDICATIONS:</b> None recommended	
<input type="checkbox"/> Other: _____	
<b>CHEMOTHERAPY (FOR COMMUNITY PHARMACY):</b>	
<input type="checkbox"/> <b>erlotinib 150 mg</b> PO daily	

PLEASE REFER TO CHEMOTHERAPY LETTER WHEN ORDERING SUPPORTIVE MEDICATIONS FOR THIS PATIENT

Authorized Prescriber: \_\_\_\_\_ Date: DD/MONTH/YYYY Time: \_\_\_\_\_

Authorized Prescriber's Signature: \_\_\_\_\_ ID #: \_\_\_\_\_

Nurse's Name: \_\_\_\_\_ Date: DD/MONTH/YYYY Time: \_\_\_\_\_

Nurse's Signature: \_\_\_\_\_

THIS IS A CONTROLLED DOCUMENT. PLEASE ENSURE THAT YOU ARE READING THE MOST RECENT VERSION.