

CHEMOTHERAPY MEDICATIONS ORDER FORM

Fox Hills Pharmacy

Doctor Please Provide:

- * Complete Patient Information
- * Attach Copy of Patient's Prescription Card
- * Complete Prescription Information

FAX TO: **310-649-3720**
TEL: **310-649-3774**

PATIENT'S INFORMATION											
Patient's Name:				Date of Birth:		Sex:		Phone #:			
Patient's Insurance Name:				Insurance Member ID:							
Patient's Address				Weight		Height		BSA			
City:			State		Zip		Allergies				
DX:				ICD-9			DATE MEDS NEEDED:				
PRESCRIPTION											
Medications			Dose			QTY			Pre-Chemotherapy Meds		
Abraxane			MG			Hycamtin			MG		
Adriamycin			MG			Ifex			MG		
Aredia			MG			Leucovorin			MG		
Avastin			MG			Leustatin			MG		
BiCNU			MG			Lupron Depot			MG		
Bleomycin			MG			Mesna			MG		
Campath			MG			Methotrexate			MG		
Camptosar			MG			Mitomycin			MG		
Carboplatin			MG			Navelbine			MG		
Cytarabine			MG			Novantrone			MG		
Cytoxan			MG			Remicade			MG		
Dactinomycin			MG			Rituxan			MG		
Daunorubicin			MG			Taxol			MG		
Doxorubicin			MG			Taxotere			MG		
Dacarbazine (DTIC)			MG			Thiotepa			MG		
Doxil			MG			Velcade			MG		
Eloxatin			MG			Vinblastine			MG		
Elevance			MG			Vincristine			MG		
Eributx			MG			Zanosar			MG		
Ethyol			MG			Zoladex			MG		
Etoposide			MG			Zometa			MG		
Etoposide			MG			Miscellaneous					
Fludarabine			MG			IVIG			G		
Fluorouracil			MG			Pentamidine			MG		
Gemzar			MG			Solumedrol			MG		
Herceptin			MG			Solu-Cortef			MG		
ORAL MEDICATIONS REQUEST											
Drug:				Refills: (Times)		<input type="text"/>		Pre-filled NS Flush x 10cc			
Directions:				Brand Only: (Initial)		<input type="text"/>		Heparin Lock Flush 100mg/ml			
Quantity:								Other			
Drug:				Refills: (Times)		<input type="text"/>		SUPPLIES			
Directions:				Brand Only: (Initial)		<input type="text"/>		Syringes		3cc	
Quantity:										10cc	
										20cc	
										30cc	
								Tubing			
								Needles			
								Other			
PRESCRIBER'S INFORMATION											
Physician Name:				DEA		License		NPI			
PRESCRIBER SIGNATURE:					Date:			Phone:			

CONFIDENTIALITY NOTICE FOR FAX TRANSMISSION: The information contained in this transmittal belongs to the Fox Hills Pharmacy and may include information that is confidential, privileged and protected from disclosure under applicable law. If you are not the intended recipient of this information, you are hereby notified that any disclosure, copying, or distribution of this information is strictly PROHIBITED. If you received this transmittal in error, please notify us immediately by telephone at 310-649-3774. Thank you.