Docetaxel - Hormone Sensitive Prostate Cancer

(This form must be completed before the first dose is dispensed.)
1. Patient Profile

- Surname: 
- Given Name: 
- OHIN:  
- Chart Number:  
- Postal Code:  
- Height (cm):  
- Weight (kg):  
- BSA (m²):  
- Gender:  
- Male  
- Female  
- Other  
- Date of Birth:  
  Day  Month  Year  
- Site:  
- Attending Physician (MRP- Most Responsible Physician):  
- Requested Prior Approval  
  □ Yes  
- Patient on clinical trial  
  □ Yes  
  □ No  
- Other (specify):  
- Specify Arm:  
  □ Standard of care arm  
  □ Experimental arm  
  □ Blinded / Unknown  

Request prior approval for enrolment

- Justification for Funding

2. Eligibility Criteria

a. The patient must meet the following criteria:

  - For patients with metastatic castration sensitive prostate cancer who have visceral metastases and/or 4 or more bone metastases with at least one beyond pelvic and
  □ Yes
metastases and/or 4 or more bone metastases with at least one beyond pelvis and vertebral column.

3. Baseline Information

Complete the following:

Select patient's ECOG status at the time of enrolment

0 1 2 3 4

The patient has:

☐ Visceral metastases
☐ 4 or more bone metastases with at least one beyond pelvis and vertebral column

4. Funded Dose

Docetaxel 75 mg/m$^2$ every 3 weeks up to a maximum of 6 cycles.

5. Supporting Documents

To ensure reimbursement of your claim, both the completed enrolment form and a copy of the required documentation (where applicable) must be submitted through CCO e-Claims.

Signature of Attending Physician (MRP-Most Responsible Physician): ____________________________

Day __ Month __ Year