

Hospital information (including name, address, telephone number)

Patient information (including name, address, date of birth, phone number)

Clinic information (including clinic name and telephone number)

Allergies (*also specify reaction*)

None known

Patient Name \_\_\_\_\_

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### ANAS (anastrozole)

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### Diagnosis: Breast Cancer

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Rx (Start date: \_\_\_\_\_)

anastrozole 1 mg PO daily

Mitte: \_\_\_\_\_ x 1 mg tablets Repeat : \_\_\_\_\_  LU Code \_\_\_\_\_ (see back page for details)

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### Supportive Care Rx

The recommended daily dose are 1200 mg of elemental calcium and 800 IU of Vitamin D

calcium supplements \_\_\_\_\_

Vitamin D supplements \_\_\_\_\_

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\_\_\_\_\_

Date

\_\_\_\_\_

Print name

\_\_\_\_\_

Physician Signature

\_\_\_\_\_

CPSO#

Prescriber information (name, office phone number/fax, address if different than hospital address)

Pharmacist information (name, office phone number/fax)

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## OPTIONAL INFORMATION

- Patient has been counseled by an Oncology Pharmacist

OR

_____	_____	_____
Print name	Signature	Date

- Requires counseling
- Drug interaction assessment

### Drug-specific information

*For the complete information, please refer to the Cancer Care Ontario drug information sheets available at [www.cancercare.on.ca/drugformulary](http://www.cancercare.on.ca/drugformulary)*

#### Limited Use Code

- LU 365 For the treatment of metastatic breast cancer in hormone receptor positive post-menopausal women
- LU 396 As an alternative to tamoxifen for the adjuvant treatment of post-menopausal women with hormone receptor positive breast cancer