Hospital Information (including name, address, telephone number)

Clinic information (including clinic name and telephone number)

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

Patient Name ______________________________________

Allergies (*also specify reaction*) ☐ None known

BMP (*bortezomib*-melphalan-predniSONE)*
**drug in italics is IV drug given in hospital or cancer centre*

Diagnosis: Multiple myeloma

Cycle #: _____; Cycles repeat every □ 35 or □ 42 days
Height = ________ cm Weight = _________ kg
Body Surface Area (BSA) = _________ m^2

Clinical Verification

□ Bloodwork and other clinical parameters have been verified by a regulated health professional ________ Date ________ Print name ________ Signature

□ Prescription has been verified by an nurse or pharmacist ________ Date ________ Print name ________ Signature

Rx (Start Date/Day 1: ____________)

melphalan 9 mg/m^2 x BSA x ____% dose* = _____ mg PO daily on Days 1 to 4
Mitte: ______ x 2 mg tablets (ODB general benefit)

AND

predniSONE 60 mg/m^2 x ___% dose* = ____ mg PO daily in the morning with food on Days 1 to 4
Mitte: _______ x 50 mg tablets (ODB general benefit)

**Dose modification (s) for: □ Age/performance status □ Hematologic toxicity □ Renal function □ Hepatic function □ Other toxicity ___________________________*

NO Repeats

Supportive Care Rx

□ prochlorperazine 10 mg PO q6h PRN nausea Mitte: _______ Repeat: ____

□ Antiviral prophylaxis (if applicable, specify drug, dose, frequency):________________________________
Mitte: _______ Repeat:____

________ 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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SAMPLE

OPTIONAL INFORMATION

□ Patient has been counseled by an Oncology Pharmacist

Print name	Signature	Date

OR

□ 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

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