

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 _____

ETOP(PO) (etoposide)

Cycle #: _____; Cycles repeat every 28 days

Height = _____ cm Weight = _____ kg

Diagnosis: Central Nervous System (CNS) cancer

Body Surface Area (BSA) = _____ m²

Clinical Verification

Bloodwork and other clinical parameters have been verified by a regulated health professional

Date Print name Signature

Prescription has been verified by a nurse or pharmacist

Date Print name Signature

Rx (Start Date/Day 1: _____)

etoposide 50 mg/m² x BSA x _____% dose* = _____ mg PO daily on an empty stomach on Days 1 to 14 or

etoposide 50 mg/m² x BSA x _____% dose* = _____ mg PO daily on an empty stomach on Days 1 to 21 or

(doses >200 mg are divided BID)

etoposide 50 mg PO daily on an empty stomach on Days 1 to 21 or

etoposide 50 mg PO daily on an empty stomach on Days 1 to 28

Mitte: _____ x 50 mg capsules (ODB general benefit)

NO Repeats

*Dose modification for: Age/performance status Renal function Hepatic function Hematologic toxicity
 Other _____

Supportive Care Rx

prochlorperazine 10 mg PO q6h PRN nausea, Mitte: _____ Repeat: _____

dexamethasone _____ mg PO daily on Day(s) _____ Mitte: _____ Repeat: _____

Gastroprotectant (if applicable, specify drug, dose, frequency): _____ Mitte: _____ Repeat: _____

Laxative (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)

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

SAMPLE