

## Perjeta (pertuzumab)

Provider Order Form rev. 5/20/2022

### PATIENT INFORMATION

Patient Name:		DOB:	
Patient Phone:		Patient Email:	
NKDA	Allergies:	Weight lbs/kg:	Height:
<b>Patient Status:</b>	New to Therapy	Continuing Therapy	Therapy Change
	Next Due Date (if applicable):		

### PROVIDER INFORMATION

Referral Coordinator Name:		Referral Coordinator Email:	
Ordering Provider:		Provider NPI:	
Referring Practice Name:		Phone:	Fax:
Practice Address:		City:	State: Zip Code:

### DOCUMENTATION (REQUIRED)

Labs	Insurance Card (front and back)	Current Medications	History/Progress Notes
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#### ICD-10 CODE

C50.\_\_\_\_\_ Metastatic Breast Cancer  
 C50.\_\_\_\_\_ Neoadjuvant Treatment of Breast Cancer  
 Other: \_\_\_\_\_

#### PRE-MEDICATION ORDERS

acetaminophen (Tylenol) 500mg 650mg 1000mg PO  
 cetirizine (Zyrtec) 10mg PO  
 loratadine (Claritin) 10mg PO  
 diphenhydramine (Benadryl) 25mg 50mg / PO IV  
 methylprednisolone (Solu-Medrol) 40mgIV 125mg IV  
 hydrocortisone (Solu-Cortef) 100mg IV  
 Other: \_\_\_\_\_

Dose: \_\_\_\_\_ Route: \_\_\_\_\_ Frequency: \_\_\_\_\_

#### SPECIAL INSTRUCTIONS

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Provider Name (Print)	Provider Signature	Date
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Check here if this is a stat order