



Patient Name  
DOB  
MRN  
Physician  
FIN

Defaults for orders not otherwise specified below:

- LOADING DOSES:** Every 14 days x 3 treatments (Days 1, 15 and 29), (start maintenance dose on Day 57)
- MAINTENANCE DOSES:** Every 28 days

Duration:

- Until date: \_\_\_\_\_
- 1 year
- \_\_\_\_\_ # of Treatments

Anticipated Infusion Date \_\_\_\_\_ ICD 10 Code with Description \_\_\_\_\_

Height \_\_\_\_\_ (cm) Weight \_\_\_\_\_ (kg) Allergies \_\_\_\_\_

**Provider Specialty**

- |   |   |   |                                       |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> Allergy/Immunology | <input type="checkbox"/> Infectious Disease           | <input type="checkbox"/> OB/GYN         | <input type="checkbox"/> Rheumatology |
| <input type="checkbox"/> Cardiology         | <input type="checkbox"/> Internal Med/Family Practice | <input type="checkbox"/> Other          | <input type="checkbox"/> Surgery      |
| <input type="checkbox"/> Gastroenterology   | <input type="checkbox"/> Nephrology                   | <input type="checkbox"/> Otolaryngology | <input type="checkbox"/> Urology      |
| <input type="checkbox"/> Genetics           | <input type="checkbox"/> Neurology                    | <input type="checkbox"/> Pulmonary      | <input type="checkbox"/> Wound Care   |

**Site of Service**

- |  |  |                                       |   |
|--|--|---------------------------------------|---|
| <input type="checkbox"/> SH Gerber           | <input type="checkbox"/> SH Lemmen Holton (GR) | <input type="checkbox"/> SH Pennock   | <input type="checkbox"/> SH United Memorial |
| <input type="checkbox"/> SH Helen DeVos (GR) | <input type="checkbox"/> SH Ludington          | <input type="checkbox"/> SH Reed City | <input type="checkbox"/> SH Zeeland         |

**Appointment Requests**

- Infusion Appointment Request**  
Status: Future, Expected: S, Expires: S+365, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after, Infusion and possible labs. Verify that all INDUCTION/LOADING DOSES (days 1, 15, and 29) have been scheduled and offset appropriately when scheduling MAINTENANCE DOSES (day 57 if finishing induction/loading doses).

**Provider Reminder**

- ONC PROVIDER REMINDER 15**  
FULVESTRANT (FASLODEX):  
  
Test Interactions: Due to a similarity in structures, fulvestrant may interfere with estradiol immunoassay, resulting in falsely elevated estradiol levels.  
  
Liver function tests; pregnancy testing is recommended within 7 days prior to fulvestrant initiation (for females of reproductive potential); monitor for signs/symptoms of bleeding

**Safety Parameters and Special Instructions**

	Interval	Duration
<input checked="" type="checkbox"/> <b>ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 6</b> Verify all INDUCTION/LOADING DOSES given prior to start of MAINTENANCE DOSES	Once	1 treatment

**Labs**

	Interval	Duration
<input type="checkbox"/> <b>Hepatic Function Panel (Liver Panel)</b> Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous	Once	1 treatment
<b>Pregnancy tests recommended for Females aged 12 to 60 with Uterus intact. Please order as appropriate for clinical presentation.</b>		
<input type="checkbox"/> <b>Beta Human Chorionic Gonadotropin (hCG) Quantitative</b> Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous	Once	1 treatment

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**NOTE: Epic Treatment/Therapy Plan Orders. To be scanned/attached to the appropriate Infusion Referral Order in Epic.**

Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.

