Clearwell Infusion Centers

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ZIRABEV (bevacizumab-bvzr)

PATIENT DEMOGRAPHICS

Patient Name: _____
Date of Birth: _____ M: ☐ F: ☐ Address: _____
Phone: _____ City, State, Zip: _____
Email: _____

Allergies:

PRIMARY DIAGNOSIS

ICD-10 Code:

DOCUMENTATION (PLEASE ATTACH)

Clinical / Progress Notes, Labs, Tests supporting primary diagnosis

- ☐ Monitor serum creatinine regularly
- ☐ Monitor proteinuria by dipstick urine analysis for the development or worsening of proteinuria with serial urinalysis
- ☐ CBC with each treatment
- ☐ CMP with each treatment
- ☐ Pregnancy test if applicable

Clearwell Infusion Centers will draw maintenance labs unless otherwise directed by Referring Provider

PRE-MEDICATION

- ☐ Acetaminophen 1000mg PO
- ☐ Diphenhydramine 25mg PO
- ☐ Ceterizine 10mg PO
- ☐ Loratadine 10mg PO
- ☐ Solu-Medrol 125mg IVP
- ☐ Solu-Cortef 100mg IVP
- ☐ Diphenhydramine 25mg IVP
- ☐ Other:

PRIMARY MEDICATION ORDER

Dosage

- ☐ 5mg/kg
- ☐ 7.5mg/kg
- ☐ 10mg/kg
- ☐ 15 mg/kg

Frequency

- ☐ Every 2 weeks
- ☐ Every 3 weeks

Patient Weight:

_____ lbs

_____ kg

NOTES

ORDERING PROVIDER

Provider Name: _____ NPI: _____
Practice Name: _____ Phone: _____
Office Contact: _____ Fax: _____
Practice Address: _____
City, State, Zip: _____

Provider Signature: _____ Date: _____