

Physician's Orders – Page 1 of 1

# Directions: All sections must be completed for order to be dispensed. The initial order must contain an H&P, and subsequent orders require progress notes with documentation of disease progression. The order must be renewed every 30 days.

Patient name: \_\_\_\_\_ DOB: \_\_\_\_\_

**Note:** At Methodist, tbo-filgrastim is the preferred short-acting G-CSF agent in patients with nonmyeloid malignancies experiencing or expected to experience neutropenia from myelosuppressive chemotherapy. The use of filgrastim is restricted to patients with myeloid malignancies or hematopoietic stem cell transplantation.

## Indication for tbo-filgrastim (Granix<sup>™</sup>) Please check one.

Chorioretinitis, unspecified	Hairy Cell leukemia
Convalescence following chemotherapy	HIV disease
Convalescence following other treatment	Leukocytopenia, unspecified
Multiple myeloma, without remission or in relapse	Lymphocytopenia
Neutropenia - all types	Essential thrombocytopenia/post transplant lymphoproliferative disorder

### OR

### Indication for filgrastim (Neupogen®) Please check one.

Acute Myeloid Leukemia, without remission or in relapse	Stem cells replaced by transplant
Bone marrow donor	
Bone Marrow replaced by transplant	

### Order (must be renewed every 30 days)

Date:	Time:				
Physician signature:	ID #:				
Special instructions:					
Filgrastim (Neupogen®)	micrograms subcutaneously every Dose	for 30 days <i>interval</i>			
OR					
Tbo-filgrastim (Granix™)	micrograms subcutaneously every Dose	for 30 days <i>interval</i>			

