Outpatient Epoetin Alfa Order Form
Physician’s Orders – Page 1 of 1

Directions: All sections must be completed for order to be dispensed. The order must be renewed every 14 days with new Hgb/Hct measurements.

Patient name: ______________________ DOB: _______________ Patient’s weight ______ kg

Indication for epoetin alfa (must check one)

□ Antineoplastic chemo induced anemia
□ Anemia in Myelodysplastic Syndrome (MDS)
□ Anemia in Hepatitis C without hepatic coma receiving ribavirin and either interferon alpha or peginterferon alfa (must be documented in the medical record)
□ Anemia is Rheumatoid arthritis
□ Anemia associated with HIV
□ Anemia in chronic kidney disease with dialysis
□ Anemia in chronic kidney disease without dialysis, stage III
□ Anemia in chronic kidney disease without dialysis, stage IV
□ Anemia in chronic kidney disease without dialysis, stage V

Recent laboratory values associated with therapy:

Baseline (Hct/Hgb within 1 week of therapy initiation, other labs within one month):
Hgb: _____ Hct: _____ Date: ______________
Transferrin: ___________, Serum ferritin ___________, Transferrin saturation ___________

Continuation (lab within two weeks of next dose except Hepatitis C patients where lab is weekly)
Hgb: _____ Hct: _____ Date: ______________
Hgb: _____ Hct: _____ Date: ______________

Contraindications for epoetin alfa – physician signature below indicates that the following contraindications for epoetin alfa are not present:
• Diagnosis of uncontrolled hypertension
• Hgb greater than 12 g/dL
• ESA used for active bleeding condition
• Anticipated outcome of chemotherapy is cure

Medication order
Epoetin alfa _________ units subcutaneous injection _______________
(dose) (frequency)

Physician signature: ___________________________________________ ID #: ______________

Date: _______________ Time: _______________

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