

## VETERINARY NAMED PATIENT CHEMOTHERAPY ORDER FORM

(December 2017 – Version 5)

**Please fax with an accompanying cover note.  
Please call to confirm receipt of order.**

ITH Pharma DOES NOT take any clinical responsibility for prescribed chemotherapy.  
Please allow 48hrs of turnaround time from when the order is received. Orders received after 12pm will be treated as received the following day.

Use ONE form per patient per cycle. Please print clearly using black ink.

<b>Name of Animal</b>		<b><u>Veterinary Hospital Name &amp; Delivery Address</u></b>
<b>Type of Animal</b>		
<b>Name of Owner</b>		
<b>Order Number</b>		<b><u>Contact No:</u></b>

Date/time drugs to be received by (Please put <b>X</b> )					
	Pre 10:30am	Pre 12pm	Pre 2pm	Same Day AM	Same Day PM
Date/time patient due to receive treatment					

	Drug Name	Final Container	Dose (mg)	Route (e.g. IVB)	Diluent	Total Volume (mls)	Quantity	FOR ITH USE ONLY	
								Final Chk.	Release
1									
2									
3									
4									

<b>Additional requirements (Please state)</b>	
---	--

Name of Veterinary Surgeon: \_\_\_\_\_ Registration No: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### ITH PHARMA USE ONLY

#### **SCHEDULING**

Scheduled By:

Manufacture Date/Time:

Delivery Date/Time:

Delivery Type/Time: (circle)

S/D: AM PM @

O/N: Pre 10:30am Pre 12pm Pre 2pm

#### **INVOICING**

Invoiced By:

Checked By:

Invoice No:

Prepared By: Sunmeet Kaur (Deputy Unit Manager) Checked By: Zahedul Khan (Senior Deputy Unit Manager)