**Medication:** Pegfilgrastim-cbqv (UDENYCA) injection, 6 mg, subcutaneous, ONCE

### Weight
80 kg

### Height
170 cm

### Allergies:

### Diagnosis Code:

### Treatment Start Date:

**Patient to follow up with provider on date:**

**This plan will expire after 365 days at which time a new order will need to be placed**

### Guidelines for Ordering

1. Send FACE SHEET and H&P or most recent chart note.

### Medications

- Dose: Pegfilgrastim-cbqv (UDENYCA) injection, 6 mg, subcutaneous, ONCE

### Nursing Orders

1. TREATMENT PARAMETER – Ensure injection will be administered 24 to 72 hours after chemotherapy

### By Signing Below, I Represent the Following:

I am responsible for the care of the patient (who is identified at the top of this form);
I hold an active, unrestricted license to practice medicine in: □ Oregon □ ____________________ (check box that corresponds with state where you provide care to patient and where you are currently licensed. Specify state if not Oregon);

My physician license number is # ____________________ (MUST BE COMPLETED TO BE A VALID PRESCRIPTION); and I am acting within my scope of practice and authorized by law to order Infusion of the medication described above for the patient identified on this form.

### Provider Signature

Provider signature: ____________________  Date/Time: ____________________

### Printed Name

Printed Name: ____________________ Phone: ____________________ Fax: ____________________

**Online 10/2019 [supersedes 11/2018] PO-8133**
ADULT AMBULATORY INFUSION ORDER
Pegfilgrastim-cbvq (UDENYCA)

Page 2 of 2

ACCOUNT NO.
MED. REC. NO.
NAME
BIRTHDATE

ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE.

OLC Central Intake Nurse:
Phone: 971-262-9645 (providers only) Fax: 503-346-8058

Please check the appropriate box for the patient’s preferred clinic location:

☐ Beaverton
   OHSU Knight Cancer Institute
   15700 SW Greystone Court
   Beaverton, OR 97006
   Phone number: 971-262-9000
   Fax number: 503-346-8058

☐ NW Portland
   Legacy Good Samaritan campus
   Medical Office Building 3, Suite 150
   1130 NW 22nd Ave.
   Portland, OR 97210
   Phone number: 971-262-9600
   Fax number: 503-346-8058

☐ Gresham
   Legacy Mount Hood campus
   Medical Office Building 3, Suite 140
   24988 SE Stark
   Gresham, OR 97030
   Phone number: 971-262-9500
   Fax number: 503-346-8058

☐ Tualatin
   Legacy Meridian Park campus
   Medical Office Building 2, Suite 140
   19260 SW 65th Ave.
   Tualatin, OR 97062
   Phone number: 971-262-9700
   Fax number: 503-346-8058

Infusion orders located at: www.ohsuknight.com/infusionorders