

國軍臺中總醫院化學治療專用處方箋

姓名：_____ 性別：☐男 ☐女 年齡：_____ 使用期間：____年 ____月 ____日 → ____月 ____日
 病歷號：_____ 病房：_____ 病床號：_____

調劑品項：(請詳填劑量、選擇溶劑及施打天數。)

Adriamycin ☐ 0.9%NS _____ml (10mg/5ml) ☐ D5W _____ml _____mg 施打_____天	☐ Alimta ☐ 0.9%NS _____ml ☐ Apeta ☐ (500mg/20ml) ☐ (100mg/4ml) _____mg 施打_____天	☐ Avastin ☐ 0.9%NS _____ml ☐ Alymsys (100mg/4ml) _____mg 施打_____天
Bleocin ☐ 0.9%NS _____ml (15mg/5ml) ☐ D5W _____ml _____mg 施打_____天	Covorin ☐ 0.9%NS _____ml (50mg/5ml) ☐ D5W _____ml _____mg 施打_____天	Dacarbazine ☐ 0.9%NS _____ml (200mg/ 20ml) ☐ D5W _____ml _____mg 施打_____天
Doxor (10mg/5ml) for TAE ☐ with HepaSphere™ _____mg 施打_____天	Endoxan ☐ 0.9%NS _____ml (500mg/25ml) ☐ D5W _____ml _____mg 施打_____天	Epicin ☐ 0.9%NS _____ml (50mg/25ml) ☐ D5W _____ml _____mg 施打_____天
Enhertu ☐ D5W 100 _____ml (100mg/5ml) _____mg 施打_____天	Erbixut ☐ 0.9%NS _____ml (100mg/20ml) _____mg 施打_____天	Eirgasun ☐ 0.9%NS _____ml (420mg/20ml) _____mg 施打_____天
Fluorouracil(5-FU) ☐ 0.9%NS _____ml (1000mg/20ml) ☐ D5W _____ml _____mg 施打_____天	Folep ☐ D5W _____ml (100mg/20 ml) _____mg 施打_____天	Formoxol ☐ 0.9%NS _____ml (30mg/5ml) ☐ D5W _____ml _____mg 施打_____天
Fytosid ☐ 0.9%NS _____ml (100mg/ 5ml) ☐ D5W _____ml _____mg 施打_____天	Gemcitabine Sandoz ☐ 0.9%NS _____ml (200mg/ 5ml) ☐ D5W _____ml _____mg 施打_____天	Gemphar ☐ 0.9%NS _____ml (1000mg/25ml) ☐ D5W _____ml _____mg 施打_____天
Halaven ☐ 0.9%NS 100 _____ml (1mg/ 2ml) _____mg 施打_____天	☐ Herceptin ☐ 0.9%NS _____ml ☐ Herzuma (440mg/ 21ml) _____mg 施打_____天	Herceptin SC (600mg/ 5ml) 施打_____天
IMFINZI ☐ 0.9%NS 100 _____ml (500mg/ 10ml) ☐ D5W 100 _____ml _____mg 施打_____天	Imjudo ☐ 0.9%NS 100 _____ml (300mg/15ml) ☐ D5W 100 _____ml _____mg 施打_____天	☐ Innocan ☐ 0.9%NS _____ml ☐ Irinotecan ☐ D5W _____ml (100mg/5ml) _____mg 施打_____天
InTaxel ☐ 0.9%NS _____ml (30mg/ 5ml) ☐ D5W _____ml _____mg 施打_____天	Kadcyla ☐ 0.9%NS 250 _____ml ☐ (160mg/8ml) ☐ (100mg/5ml) _____mg 施打_____天	Keytruda ☐ 0.9%NS 100 _____ml (100mg/4ml) ☐ D5W 100 _____ml _____mg 施打_____天
Kemocarb ☐ 0.9%NS _____ml (150mg/15ml) ☐ D5W _____ml _____mg 施打_____天	Kemoplat ☐ 0.9%NS _____ml (50mg/50ml) _____mg 施打_____天	☐ Mabthera ☐ 0.9%NS _____ml ☐ Truxima ☐ D5W _____ml (500mg/50ml) _____mg 施打_____天
Methotrexate ☐ 0.9%NS _____ml (50mg/2ml) ☐ D5W _____ml _____mg 施打_____天	MITONCO ☐ 0.9%NS _____ml (10mg/10ml) _____mg 施打_____天	Navelbine ☐ 0.9%NS _____ml (10mg/1ml) ☐ D5W _____ml _____mg 施打_____天
NolBaxol ☐ 0.9%NS _____ml (20mg/1ml) ☐ D5W _____ml _____mg 施打_____天	Onivyde ☐ 0.9%NS _____ml (43 mg/10 ml) ☐ D5W _____ml _____mg 施打_____天	OPDIVO ☐ 0.9%NS _____ml (120mg/ 12ml) ☐ D5W _____ml _____mg 施打_____天
Orectalip ☐ D5W _____ml (100mg/20ml) _____mg 施打_____天	PERJETA ☐ 0.9%NS 250 _____ml (420mg/ 14ml) _____mg 施打_____天	接背面 →

醫師：_____ 調配藥師：_____ 核對藥師：_____

(版本:115.03.12)

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調劑品項：(請詳填劑量、選擇溶劑及施打天數。)

Phesgo SC ☐ (1200mg/600mg/15ml) ☐ (600mg/600mg/10ml) 施打_____天	Tecentriq ☐ 0.9%NS _____ml (1200 mg/20 ml) _____mg 施打_____天	Topotecan ☐ 0.9%NS 100 _____ml (4 mg/4 ml) ☐ D5W _____ml _____mg 施打_____天
Trodelvy ☐ 0.9%NS 250 _____ml (180 mg/18 ml) _____mg 施打_____天	Vectibix ☐ 0.9%NS 100 _____ml (100mg/5ml) _____mg 施打_____天	Vincristine ☐ 0.9%NS _____ml (1mg/1ml) ☐ D5W _____ml _____mg 施打_____天
Vinblastine ☐ 0.9%NS _____ml (10mg/10ml) ☐ D5W _____ml _____mg 施打_____天	Vyloy ☐ 0.9%NS _____ml (100mg/5ml) _____mg 施打_____天	

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