

CANCER TREATMENT APPLICATION

RETURN FORM TO: CANCER DEPARTMENT BOX 7714 CENTURION 0046. FAX (012) 673 5515. CONFIRMATION AT (012) 673 8585

How to complete this form

- Complete one form per patient. Additional forms are available by dialling 082 239 2862 from any fax machine. (Form 1004)
- Please allow 5 days for information to be processed, 24h in an emergency.
- Is this an emergency? YES / NO

1. Patient particulars (user)

Surname																														
First name																														
Change of postal Address											Membership no					Dependant														
											Tel (home) code																			
	Area code										Tel (work) code																			

2. Principal member particulars

Surname											Title					Initials				
Fax code / no	No										Cell phone									

3. Cancer diagnostic details

Diagnosis:											Diagnosis Code														
Date diagnosed											Primary site:					Metastasis?:					Yes		No		
Stage											5 yr prognosis:					_____ %									

4. Facility where service is provided:

Please tick the relevant block where appropriate.

- In Hospital**

 Out of hospital/Doctor's rooms

 Day patient in hospital

5. Diagnostic tests and follow-ups: *Please tick the relevant block where appropriate*

	Blood tests	Mammogram	X rays	BMD (dexa)	Other:	NRPL code	Description of service(s)
<input type="checkbox"/>							<i>Please specify:</i>
<input type="checkbox"/>							<i>Please specify:</i>
<input type="checkbox"/>							<i>Please specify:</i>

6. Supplier or dispenser of medicine/items/products (where the supplier differs from the referring/treating provider)

Prosthesis/ Pharmacy											Practice number									
Tel (Code)											Fax (Code)									

7. Radiation therapy

Anatomical area:											NRPL codes:									
Fractions:																				

8. Particulars of treating provider:

Referring Provider											Discipline									
Treating Provider											Discipline									
Address																Area code				
HPCSA number											Tel (code) and number									
Practice number											Fax (code)									
Date											Qualification									
Signature											e-mail address									

9. Chemotherapy and related medicines

INGREDIENT:	EXAMPLE	DOSAGE FORM	STRENGTH	Day 1	Day 2	Day 3	Day 5	Qty
ALLOPURINOL	ZYLOPRIM							
ATROPINE SULPHATE	ATROPINE							
BETAMETHASONE	BETANOID							
BLEOMYCIN SULPHATE	BLENAMAX							
CARBOPLATIN	CARBOSIN							
CARMUSTINE	BICNU							
CHLORAMBUCIL	LEUKERAN							
CIMETIDINE	LENAMET							
CISPLATINUM	PLATOSIN							
CYCLOPHOSPHAMIDE	CYCLOBLASTIN							
CYPROTERONE ACETATE	ANDROCUR							
CYTARABINE	CYTARABINE							
DACARBAZINE	DTIC							
DACTINOMYCIN	COSMEGEN							
DAUNORUBICIN	CERUBIDIN							
DEXAMETHASONE	DECADRON							
DICLOFENAC SODIUM	ADCO-DICLOFENAC							
DOCETAXEL TRIHYDRATE	TAXOTERE							
DOXORUBICIN HCL	CAELYX							
EPIRUBICIN HCL	FARMORUBICIN							
ETOPOSIDE	ETOPOPHOS							
EXEMESTANE	AROMASIN							
FILGRASTIM	NEUPOGEN							
FLOUROURACIL	ABIC FLUOROURACIL							
FLUTAMIDE	EULEXIN							
IBANDRONIC ACID	BONDRONAT							
IFOSFAMIDE	HOLOXAN							
LEFOLINIC ACID	ISOVORIN							
LENOGRASTIM	GRANOCYTE							
LETROZOLE	FEMARA							
MEDROXYPROGESTERONE	FARLUTAL							
MELPHALAN	ALKERAN							
MERCAPTOPYRINE	PURINETHOL							
MESNA	UROMITEXAN							
METHOTREXATE	EMTHEXATE							
METHYLPREDNISOLONE	MEDROL							
METOCLOPRAMIDE	MAXOLON							
MITOXANTRONE HCL	NOVANTRONE							
MOLGRAMOSTIM	LEUCOMAX							
MYTOMYCIN-C	MITOMYCIN							
PACLITAXEL	ANZATAX							
PROCHLORPERAZINE	STEMETIL							
PROMETHAZINE	PHENERGAN							
RANITIDINE HCL	ZANTAC							
TAMOXIFEN CITRATE	NEOPHEDAN							
TEMOZOLOMIDE	TEMOXOL							
TOREMIFENE CITRATE	FARESTON							
VINCRISTINE SULPHATE	ONCOVIN							
VINCRISTINE SULPHATE	VINBLASTINE							
VINORELBINE	NAVELBINE							
ZOLEDRONIC ACID	ZOMETA							
Other:								

10. Supporting literature (for other treatment applied for in 9.)

Outcomes parameter:	Result:	Attach references:
5 year survival		
1 year survival		
Response rate		
Toxicity		