

Canterbury

District Health Board

Te Poari Hauora o Waitaha

Department of Haematology Bone Marrow Transplant Unit

2 Riccarton Avenue, Christchurch 8011

Phone 03 364 0640

Prescribers Full Name

Prescribers NZMC Reg No

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Pharmacy stamp

(Consolidation VTD regime)

	Date dispensed	Pharmacist's initials
<p><u>Thalidomide capsules</u> Take mg at night at least ONE hour after food. Supply: Special authority number and expiry: Celgene i-access number and expiry:</p> <p><u>Dexamethasone 4mg tablets</u> Take tablets (= mg) in the morning with food, ONCE per WEEK. Supply:</p>		

Please cross off and sign any items not required

_____ Date _____

Signature of Prescriber

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Haematology supportive care (VTD)

	Date dispensed	Pharmacist's initials
<u>Valaciclovir 500mg tablets</u> Take 500mg time(s) daily Supply:		
<u>Domperidone 10mg tablets</u> Take 10mg QID PRN Supply:		
<u>Docusate and senna tablets</u> Take 1 or 2 tablets up to BD PRN Supply:		
<u>Trimethoprim + Sulfamethoxazole 480mg tablets</u> Take ONE tablet ONCE daily Supply:		
<i>Thromboprophylaxis:</i>		

Please cross off and sign any items not required

_____ Date _____
Signature of Prescriber