

(if adult CINV) Is your patient receiving IV (intravenous) chemotherapy? Yes No

(if yes) What is the emetic risk (risk of vomiting) of this IV chemotherapy?

- high risk (over 90% frequency of vomiting)
- moderate risk (30-90% frequency of vomiting)
- low risk (10-30% frequency of vomiting)
- minimal risk (less than 10% frequency of vomiting)

Please list all chemotherapy drugs that the patient is receiving. Include names of the drugs, doses, and administration schedules:

Additional pertinent information (including alternatives tried):

Attestation: I attest the information provided is true and accurate to the best of my knowledge. I understand that the Health Plan or insurer its designees may perform a routine audit and request the medical information necessary to verify the accuracy of the information reported on this form.

Prescriber Signature: _____ **Date:** _____

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