

Insurance Verification

Name: Modelaine Palmisano DOB: 6/18/51 MR# 268090
 Ins. ID # 11608m0033
 Phone#: 877-234-4499 Transferred to 877-293-5316
 Date: 9/26/17 Time: 2:44pm DX: USCLC C3490
 Eff Date: 9/1/16
 Copay: 35 Copay DED: 0
 Percent: 80% OOP: 0
 Name of Person: Guy
 REF: 172690000790
 Jcode: J9045- Carboplatin / J9267- Taxol
Auth Auth Req.

Auth Req'd YES: _____ NO: _____
 Auth# _____ Date Span: _____
 Phone: _____ Fax: _____
 Name: _____

Can we Buy and Bill:
 YES: _____ NO: _____
 Specialty Pharmacy: _____
 Phone#: _____ Fax: _____

OUTPATIENT INFUSION CENTER
ORANGE REGIONAL MEDICAL CENTER
NEW PATIENT INTAKE FORM
(MUST BE USED EVERYTIME A NEW PATIENT IS TO BE SCHEDULED)

NAME: Madeline Palusano

DOB: 6/18/51

PT'S PHONE #: 775-8797

PROCEDURE: (LHR) 1901, Carboplatin 30 min

DURATION: _____

DIAGNOSIS: NSCLC

NAME OF PERSON TALKED TOO: VIA FAX

PHYSIAN & PHONE: Dr. Kamthorn

INSURANCE: _____

ALLERGIES: _____

IMMEDIATELY AFTER MAKING THE APPOINTMENT, FAX THIS FORM AND COPY OF
SCRIPT FOR AUTHORIZATION AND PRE-REGISTRATION PROCESS: EXT 1715

*PLEASE SEND A COPY TO PHARMACY IF PATIENT IS TO RECEIVE CHEMOTHERAPY:
EXT 1124

STACY BUDD
PHONE: (845) 333-1905
FAX: (845) 333-1902

ALLISON ROCHE
PHONE: (845) 333-1906
FAX: (845) 333-1902

Palmyra Madeleine

ORANGE
REGIONAL
MEDICAL CENTERCHEMOTHERAPY
ORDERS

Patient Label

TO BE COMPLETED BY PHYSICIAN:

Patient Name:

DOB: 6.18.51

Date Written: 9.26.17

Date of Administration:

Diagnosis: NSCLC

TNM Stage: IIIA/B

Allergies: ☐ NKDA

Protocol / Regimen -

Weekly Carboplatin +
Taxol.Cycle 1 of 6
Day

PCN

Venous Access: ☐ Peripheral ☐ Central

Height

5 ft 4 in

Weight

130.4 kg

☒ Actual☐ Ideal☐ Adjusted☒ DosingBody Surface
Area (m²)

1.63

Emetic Level

☐ Minimal☒ Moderate☐ High

Lab Orders:

☒ CBC/DIFF☒ BMP☒ Magnesium☒ UA

On day 1 of each

Hold Parameters:

ANC less than: 1.5 WBC less than: 2.5 SPT less than: 50 Hgb/Hct less than:

8/24

SCr greater than: 1.5

Non-chemotherapy orders:

RPh Initials / Nurse Initials

☒ IV Fluids: NS @ KVO (20 mL/hr)

1. Zofran 8 mg IV x1

2. Decadron 10 mg IV x1

3. Pepacid 20 mg IV x1

4. Benadryl 25 mg IV x1

5. Granix 300 mcg SubQ x 3 days if ANC < 1.5
+ Hold Chemotherapy.

6. Weekly Labs - CBC, diff, BMP.

Solution, volume and infusion rate are per manufacturer/hospital guidelines unless otherwise specified. Chemotherapeutic agents will be rounded down to nearest vial size if within 5% of calculated dose. Biological agents will be rounded down to the nearest vial size if within 10% of calculated dose. Please administer chemotherapy in sequence listed below.

Chemotherapy	Dose per Unit (m ² , kg, AUC)	Dose Reduction* (mg/m ² , mg/kg, AUC)	Calculated Dose	Dose Dispensed (Rounding to be completed by RPh)	Route	Infusion Rate	RPh / Nurse Initials
1. Taxol	80mg/m ²	-	120.00 mg		IV	1 hr	} On week 1, 2, 3
2. Carboplatin	AUC 2	-	225mg		IV	30 min	
Repeat 1 & 2 q 4 weeks for 6 cycles.							

*If using a dose reduction, please provide rationale:

MD Name (Print) A. Kamrath MD Signature

A. Kamrath

Date/Time 9.26.17

RN Name (Print)

RN Signature

Date/Time

RPh Name (Print)

RPh Signature

Date/Time

Body Surface Area Calculator (BSA)

Patient Name:

Height:

Weight:

Drug dosage/ M²:


Results

BSA = M²

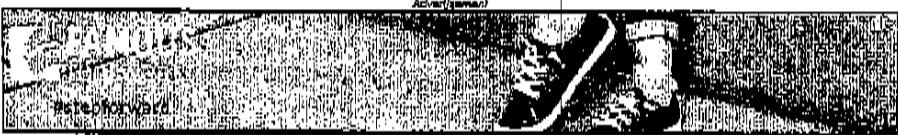
Dose =

Disclaimer

All calculations must be confirmed before use. The authors make no claims of the accuracy of the information contained herein; and these suggested doses are not a substitute for clinical judgement. Neither GlobalRPh Inc. nor any other party involved in the preparation of this program shall be liable for any special, consequential, or exemplary damages resulting in whole or part from any user's use of or reliance upon this material. **PLEASE READ THE DISCLAIMER CAREFULLY BEFORE ACCESSING OR USING THIS SITE. BY ACCESSING OR USING THIS SITE, YOU AGREE TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH IN THE DISCLAIMER. [Read the disclaimer](#)**



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Body Surface Area Calculator (BSA)

Patient Name:

Height:

Weight:

Career Center

[careerbuilder](#)

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Carboplatin AUC Calculator

Inputs:

Age (years): 65
 Height (Inches): 64.0
 Weight (kg): 59.3
 SCR (mg/dl): 0.6
 Sex: Female
 Target AUC (mg/ml/min): 2

Results:


(DuBois) BSA: 1.83 M²
 IBW: 54.70 kg
 Adjusted BW: 56.5 kg
 Percent over/under lbw: 8.41 %

(Please review any warnings present below). Note: the maximum allowable clearance value is 150 ml/min. Any value > 150 ml/min will be automatically adjusted to this value. Unusually high clearance values should be evaluated for appropriateness based on the age and health status of the patient.

Warnings (If applicable)

Clearance Method	Calculated Clearance (ml/min)	Calculated Carboplatin Dose
Jelliffe:	93.0	236 mg
Jelliffe (adjusted for BSA):	87.6	225 mg
Cockcroft & Gault (using lbw):	80.7	211 mg
Cockcroft & Gault (using Adjusted BW):	83.4	217 mg
Cockcroft & Gault (using Actual):	87.6	225 mg

Palmisano Madeleine



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PHYSICIAN OFFICE BUILDING

No information on file.

Admit Date/Time: (Not on file) N/A

Hospital Account:

MRN: 268090

Site: EHS MODEL

Contact Serial #: 870398

ENCOUNTER

Patient Class:

Unit:

Hospital Service: No service for patient encounter.

Bed:

Admitting Provider:

PCP: Hui, Raymond Chun-Yick,*

Attending Provider:

Adm Diagnosis:

PATIENT

Name: PALMISANO,MADELEINE

DOB: 6/18/1951

Age: 66 y.o.

Address: 25 WINCHESTER AVE

Sex: Female

City: MIDDLETOWN, NY 10940

Language: English

County: ORANGE

Primary Phone: 845-775-8797

Religion: Catholic

Race: White

Ethnicity: Non-Hispanic

EMERGENCY CONTACT

Contact Name

Legal Guardian?

Relationship to Patient

Home Phone

Work

Mobile

1. Marciano, Ralph
2.

Son

(845)645-1990

845-342-2076

GUARANTOR

Guarantor:

DOB: 6/18/1951

Address:

Sex: Female

Relation to Patient:

Home Phone:

Guarantor ID:

Work Phone:

GUARANTOR EMPLOYER

Employer:

COVERAGE**PRIMARY INSURANCE**

Payor:

Plan: AFFINITY HEALTH PLAN

Address:

Phone:

Subscriber Name:

Subscriber DOB:

Subscriber ID:

Group Number:

Pat. Rel. to Subscriber:

SECONDARY INSURANCE

Payor:

Plan:

Address:

Phone:

Subscriber Name:

Subscriber DOB:

Subscriber ID:

Group Number:

Pat. Rel. to Subscriber:

Contact Serial # (870398)



September 26, 2017

Chart ID (No chart ID available)
No chart ID available

Arvind G. Kamthan, M.D., P.C.

History & Physical Exam

4.57
MRN: 268090

Date: 9/8/17

Patients Name: Nadetine Palmisano DOB 6/18/57 Gender F

Chief Complaints: Referred here by infinity insurance.
Ser a Mass in (L) Lung.

Present Illness: 8.20.17. Left lung Subcarinal & hilar mass.
bilateral Pulm nodules in lung.

- Medications:
- | | |
|---------------------------------|---------------------------------------|
| 1. Detrolamg BID Daily | 7. Albuterol (Nebulizer) |
| 2. Lopressor 50mg 5mg BID Daily | 8. Aspirin 81mg Daily |
| 3. Lipitor 20mg Daily | 9. Benadryl 25mg PRN |
| 4. Symbicort 2 puffs BID Daily | 10. Tylenol/Codeine every 6 hours PRN |
| 5. Ventolin 2 puffs QID Daily | 11. B2 vit once a month |
| 6. Singulair 10mg Daily | 12. Vitamin D 5000 Daily |

Allergies: PCN, Motrin. Seasonal Allergies, Bananas

Past Medical History:

- | | |
|-------------------------|--------------------------|
| HTN: YES - 2003. | TB: tested (+) |
| DM: NO | Cancer: 2017 lung |
| CAD: Double bypass 2003 | Hyperlipidemia: YES 2003 |
| COPD: YES 2000 | Thyroid Disease: NO |
| Other: | |

Past Surgical History: Double bypass 2003, Sinus surgery, cataract in both eyes, tonsils 1957, tubal ligation

Personal History:

- | | |
|--|---|
| Married / Unmarried / Divorced / Widowed: <u>Married</u> | Mammogram: 2017 |
| Number of sons: <u>2</u> | Pap Smear: 2014 |
| daughter(s): <u>47 - Healthy</u> | Colon Cancer Screening: <u>Going Monday</u> |
| Smoking: <u>Yes</u> / No <u>1/2 pack a day</u> | Prostate Screening: |
| Alcohol: <u>Yes</u> / No <u>occasionally</u> | |
| Occupation: <u>Refined (dollar Green store)</u> | |

Family History:

- | | |
|--|---|
| Number of Brothers: <u>(2)</u> | Ages and Health: <u>69 - Healthy</u> |
| Number of Sisters: | Ages and Health: <u>76 - Healthy</u> |
| Father: <u>deceased</u> | Age and Health: <u>62 - Cancer lung</u> |
| Mother: <u>deceased</u> | Age and Health: <u>62 - Heart Disease</u> |
| Any disease in the family: <u>Yes</u> / No | |
| <u>Father - lung Cancer</u> | |

Review of Systems: (Circle the positive findings)

General: Weight loss, Loss of appetite, Fever, Night sweats NO
 Heent: Headache, Diplopia, Dysphagia NO
 Respiratory: Dyspnea Cough, Hemoptysis Dyspnea on exertion, No hemoptysis
 CVS: Chest pain, palpitations, Edema feet NO
 GI: Nausea, Vomiting, Constipation, Diarrhea, hematemesis, melena, abdo pain NO
 GU: Dysuria, Hematuria, Retention, Incontinence NO
 Gyn: Menstrual Cycle _____ Flow: Normal/Excessive _____
 CNS: Seizure, Syncope, Motor Weakness, Sensory Weakness NO
 MS: Joint Pain, Swelling, Backache Lower back
 Heme: Bleeding, Clotting Dis., Anemia, Lymph node swelling _____
 Endo: Excessive thirst/urinations, Preference to hot or cold _____

Physical Exam: HR 91 /Min BP 132/76 mmHg RR 14 /Min Temp 98.5 F. Wt 125 Lbs. Ht 5'4"
02-94970

General Appearance:

Any Distress: None
 Nutritional Status: fair
 Built: Normal

Heent:

Head: Non-tender
 Eyes / Pupils: _____
 Conjunctiva: Pink
 Icterus: Yes / No
 Mouth / Throat: Clear
 Ext. Ear: _____
 Hearing: Intact / Impaired _____

Neck:

Mobility: Supple / Stiff _____
 Lymph nodes: NO
 Mass/Swelling: NO
 JVD: Raised / Not Raised
 Carotid Bruit: Yes / No _____
 Thyroid: Normal / Enlarged _____

Chest:

Symmetrical: Yes / No _____
 Breath Sounds: Normal / Abnormal _____
 Adventitious Sound: Creps / Rhonchi / Rub NO
 Auxiliary Lymph Nodes: NO
 Breast: _____
 Mass: Yes / No _____
 Nipple: Normal / Abnormal _____
 Discharge: Yes / No _____

Heart:

Heart Sounds: S1 S2 normal
 Gallop: Yes / No
 Murmur: NO
 Rub: Yes / No

CON'T.

Sep. 26. 2017 2:26PM

Abdomen:

Consistency: Soft
 Distention: no
 Splenomegally: no
 Bruit: _____
 Mass: _____
 Inguinal Lymph Nodes: _____
 Tenderness: no
 Hepatomegally: no
 Renal Mass: no
 Free Fluids: no
 Hernia: _____
 Ext. Genitalia: _____

PR:

Fissure: Yes / No _____
 Hemorrhoid: Yes / No _____
 Prostate Size: _____
 Grooves: _____
 Stool Heme Occult: Positive / Negative _____
 Fistula: Yes / No _____
 Surface: _____

PV:

Mass: Yes / No _____
 Discharge: Yes / No _____
 Bleeding: Yes / No _____

Extremities:

Clubbing: Yes / No _____
 Edema: Yes / No _____
 Cyanosis: Yes / No _____
 Pulses: Intact/Diminished _____

Neurological:

Level of Consciousness: Alert
 Orientation: Time, Place, Person, Yes / No _____
 Speech: Normal Abnormal _____
 DTR: _____
 Sensations: _____
 Motor Strength: _____
 Coordination: _____
 Gait: Normal
 Memory: Intact / Impaired _____
 Planter Reflex: _____

Musculo Skeletal:

Spine: Non tender
 Joints: Support boot in Right Leg.

Dermatological:

No rash

CONT.

Assessment & Planning:

1. Squamous Cell Lung Cancer - Left - Lower lobe
 5.0 x 3.8 cm Stage on 8.23.17
 on Right - 3.5 mm.
 CT. Right lower lobe - 2.8 mm.
 Scan - 6.30.17

PET Scan - Left Sub Car hilum?
 Sub Carinal } uptake
 Bilat Lung nodules - No uptake
 Bilat Adrenal bilat thickened - NO
 uptake
 No obvious uptake
 Liver (-)
 LLL lesion 3.1 x 5.7 cm. SUV-24.67

Stage III A ? IV

2. COPD.

3. Smoker - 80% Smoking

4. Rest Leg Less Leg Synd.

adv Medipert
 Chemoth + RT. -
 Labr ordered

Side effects, Interactions and Complications of treatment were discussed: ☒ Yes ☐ No

Patients was examined in presence of: Staff

Review appointment. 2 w/c

A. G. Kamthan

Arvind G. Kamthan, MD.