



PEDIATRIC GASTROENTEROLOGY & HEPATOBILIARY DISEASES

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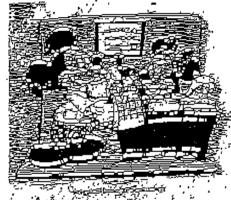
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FACSIMILE TRANSMITTAL SHEET

| FACSIMICE IN A | |
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| | ENCINE / |
| TO - STOCK | MARY |
| INTUSION CENTER | DATE I |
| COMPLIAN | 2/4/20 |
| 9,17 | TOTAL NO. OF PAGES IN CLIDDING COYES |
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ENTYVIO BRIANNA GUZMAN 12/2/06

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Feb. 6. 2020 4:47PM OR ORANGE CHEMOTHERAPY **ORDERS** TO BE COMPLETED BY PHYSICIAN: Patient Name: 1 Date of Administration: Date Written: TNM Stage: Diagnosis: Allergies: NKDA Protocol / Regimen øf Cycle Dav Venous Access: Peripheral Central Weight Actual Body Surface Emetic Level Height ☐ Ideai Minimal Area (m²) DefaulbA [Moderate kg High Dosing Lab Orders: CBC/DIFF □ BWb Magnesium □UĀ Hold Parameters: PLT less than: Hgb/Hct less than: SCr greater than: ANC less than: WBC less than: RPh initials / Nurse initials Non-chemotherapy orders: IV Fluids; NS @ KVO (20 mL/hr) 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. Dose Dose RPh/ Dispensed Dose per Reduction* Calculated Infusion Nurse (Rounding to Route Unlt Chemotherapy (mg/m^2) Dose Rate initials (m², kg, AUC) be completed mg/kg, AUC) by RPh) tion, please provide rationale: MD Name (Print) Strant Bereun MD Signature Date/Time **RN Signature** RN Name (Print)_

Physician Orders/Blank/Chemotherapy Orders-Z-1/Pharmacy/11-12

RPh Name (Print) ______

RPh Signature

To: 19143670002 From: 18453331148 Date: 08/22/17 Time: 1:04 PM Page: 02

Date/Time __



FAX TRANSMISSION

| 2/5/20 1:22 p.M | 1 ARY |
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| Departs | ment: 914-367-0019 914-367-0002 |

Number of pages, including this coversheet:

Information Transmitted:

| Appointment Date Needed: 2 14 20 8 AM |
|--|
| Name of Patient: BRIANNA CJUZMAN DOB: 12/2/06 |
| MRN # : (If Applicable) |
| Diagnosis written on Order: |
| Authorization Number : |
| |

Thank you

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