

FAX TRANSMISSION

Date 2 10 20	Time:	From Dr. RHavel
Receiver's Name: Infusion Inbo Phone Front Desk :845-333-115		Department: 0n(0)094 Phone: 845-703-6999 Fax: 845-703-6288
Stacy phone : 845-333-1905		
Inbound Fax : 845-333-9400		

Number of pages, including this coversheet:
Information Transmitted:

Appointment Date Needed:

Name of Patient:

Alexandria Moschetta

DOB:

DO 29 99

MRN #:

Diagnosis written on Order:

E75.21

Authorization Number:

50497116

Thank you

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Fax to pharmacy at 333-1124

OR ORANGE MC REGIONAL	CHEMOTHERAPY ORDERS				Patient Label				
TO BE COMPLETED B	· 6 V	Massletts DOB: 10125198							
Date Written: 131	2 0		Date of Admi	nistration:					
	Diagnosis: 「ームラー」 D'Z TNM Stage:					***	7		
Protocol / Regimen:						Allergies: NKDA			
T-abrazyne Day: 1 3						•			
Venous Access: 🏻 F		Central_							
Height Weight Actual Body Surface Emetic Level Height Weight Actual Area (m²) Minimal									
<u>5</u> ft 4 in <u>64</u> kg ☐ Adjusted			Moderate			ļ. <i>'</i>			
	. 🖸 Dosin	9		High	1		<u></u> _		
Lab Orders: CB0	C/DIFF 🔲 I	BMP Ma	agnesium []UA					
Hold Parameters:									
ANC less than: WBC less than: PLT less than: Hgb/Hct less than:							SCr greater than: RPh initials / Nurse initials		
Non-chemotherapy orders:						KPH IIIIIIais /	Nuise initials		
IV Fluids: Sodium Chloride 0.9% to KVO (20 mL/hr) Dextrose 5% to KVO (20 mL/hr)							-		
Please do an	tipody to	isting to	6/52 m				1		
GL-3 Hestins every: 3 non to.							-		
for the firs	7 18 c	nentry		· ·		<u> </u>			
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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 (m², kg, AUC)	Dose Reduction* (mg/m², mg/kg, AUC)		Dose Dispensed (Rounding to be complete by RPh)	i to Ro	Infusion	RPh /		
Fabrazine	lmslikes	·	6500.		Z	V See	attache		
						<u> </u>	~K5		
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	·			<u></u>					
*If using a dose reduction, please provide rationale:									
						ate/Time			
						Date/Time			
RPh Name (Print)		RPh Signat	ure		Da	te/Time			

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

Fm:Boston's ChildreTo:Infusion Orders - Alexandria Moschetta

Medications:

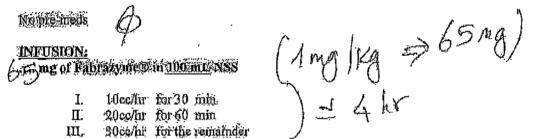
15:43 01/29/20 ET Pg 2-6

FABRAZYME INFUSION ORDERS

VISIT# Alexandra DOB: Diagnosis: Fabry Disease (E75,21) Condition; Stable. Activity: ad lib Allergies:_ Bare Weighthaff kg Vital Signst on admission, prior to infusion, at completion of infusion. If inpatient, quilift.

Infusion line to be primed with normal saline, use piggyback tubing set up,

Primary line for NS (50mL bag), piggyback line for Fabrazyme



When infusion bag almost empty add 20 cc NS to infusion bag and run 40 mL/bi-

If 250 cc NS bag is used, rate should be adjusted