



Will be D/C on
Sunday 9/24/17
Will schedule pt for
Monday @ 3 P
in of infusion

FAX TRANSMISSION

Date: 9/23/17	Time:	From: U2 Brown @
TO: Martha		Department: Case Management
Receiver's Name: Outpt. Infusion		Phone: 845-333-
Organization:		Fax: 845-333-
Address:		(H50) 621-2378
Fax #: 1157	Phone#:	

Number of pages, including this coversheet: _____

Information Transmitted:

Thank you !!

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OFFICIAL NEW YORK STATE PRESCRIPTION

OFFICIAL NEW YORK STATE PRESCRIPTION

Nat. Malloy, MD
ORANGE REGIONAL MEDICAL CENTER
707 East Main St
MIDDLETOWN, NY 10940
(845) 333-1000

Lic # 253304 D64 # PNO 14989 NP# 1255509006

Patient: Celina E. Paredes
Address: 34 gardner ave
MIDDLETOWN, NY 10940

Date: 9/23/2017
Age: 21 years old
Sex: F

210616
sodium chloride 0.9% SOLN 50 mL with artemisin 4 g SOLR
1,000 mg
Sig: Inject 1,000 mg into the vein daily for 7 days.
Disp: 7 (Seven) Dose
Refill: 0 (Zero)
Notes to Pharmacy:

*Administer via peripheral IV per protocol
BC card weekly*

Prescriber's
Signature: *[Signature]*

MAXIMUM DAILY DOSE
(controlled substances only)

THIS PRESCRIPTION WILL BE FILLED GENERALLY UNLESS

PRESCRIBER WRITES OTHERWISE IN THE BOX BELOW

Preferred Language

065JZ8 16

Dispense As Written

Dispense As Written

OFFICIAL NEW YORK STATE PRESCRIPTION

OFFICIAL NEW YORK STATE PRESCRIPTION

VOID

VOID

VOID

VOID

Preferred Language

065JZ8 18

Preferred Language

065JZ8 19

Pharmacist
Test Area:

Sep. 23. 2017 2:47PM

Paredes, Celina E #1009566 (CSN:8954873) (21 y.o. F) (Adm: 09/21/17)

5WEST-5111-5111-1

PCP

CRYSTAL RUN HEALTHCARE FAMILY

Demographics

Comment

Address: 34 gardner ave MIDDLETOWN NY 10940	Home Phone: 845-282-4622	Work Phone: --	Mobile Phone: --
SSN: xxx-xx-3159	Insurance: No billing information found for this encounter.	Marital Status: Single	Religion: None

Emergency Contact(s)

Name	Relation	Home	Work	Mobile
Freddie, Paredes	Spouse	845-699-1366		

☐ **Documents Filed to Patient**

Power of Attorney	Clinical Living Will	Study Unknown	Consent Attachment	ABN Form	After Visit Summary	Lab Result Scan	Code Status	MyChart Status
Not on File	Not on File	Not on File	Not on File	Not on File	Filed	Not on File	FULL [Updated on 09/21/17 2045]	Pending

Admission Information

Attending Provider George, Elizabeth, MD	Admitting Provider Kaw, Anita, MD	Admission Type Emergency	Admission Date/Time 09/21/17 1804
Discharge Date	Hospital Service Med/Surg	Auth/Cert Status Incomplete	Service Area ORANGE REGIONAL MEDICAL CENTER
Unit ORMC FIVE WEST	Room/Bed 5111/5111-1	Admission Status Admission (Confirmed)	

Hospital Account

Name Paredes, Celina E	Acct ID 5000907840	Class Inpatient	Status Open	Primary Coverage None
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Guarantor Account (for Hospital Account #5000907840)

Name Paredes, Celina E	Relation to Pt Self	Service Area ORM	Active? Yes	Acct Type Personal/Family
Address 34 GARDNER AVE MIDDLETOWN, NY 10940-3240	Phone 845-282-4622(H)			

Coverage Information (for Hospital Account #5000907840)

Not on file

Patient Ethnicity & Race

Ethnic Group
Mexican

Patient Race
Other

Patient Information

Patient Name	Account	ID #	Sex	DOB	Age
Paredes, Celina E	5000907840	1009566	Female	02/06/1996	21 yrs