6/2020 11:22 8453426850 GODDARD LAINJO MD

Jan. 31. 2020 11:0 Ameated with a trial version of Syncfusion Essential PRF 8528 02/06/2020 11:22 PAGE 01/02



## **FAX TRANSMISSION**

	· · · · · · · · · · · · · · · · · · ·	Dr. Codolina
Date	Time:	From: Land
Receiver's Name: Infusion Inbound  Phone Front Desk:845-333-1150  Stacy phone: 845-333-1905  Inbound Fax: 845-333-9400		Department: Phone: 845-342-4655 Fax: 845-381-5229

## Number of pages, including this coversheet:

Information Transmitted:

Appointment Date Needed: 10020
Name of Patient: Janet Boerner
DOB: 1 25 33.
MRN # :
Diagnosis written on Order: HOLO. 9.
Authorization Number :
Υ11
Thank you

The documents accompanying this transmission contain confidential information belonging to the sender, which is legally privileged. This information is intended only for he use of the individuals or entity named above. The authorized recipient of the information is prohibited from disclosing the information to any other party and is required to destroy the information after it's stated need has been fulfilled. If you are not the intended recipient, you are horsby notified that any disclosure, copying, distribution or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this fax in error please notify us immediately at the telephone number above. Thank You. May, 17, 2019 12:35PM

No.8250 P. 3/3

•	OR ORANGE MC REGIONAL	CHEMOTH
	MEDICAL SENTER	ORDE

Janet Boerner MR112953.

MIC REGI							Patient La	abet
O BE COMP		BY PHYSICIAN:	ORD				DOB: 1	25 33
Date Written: 2/6/20				Date of Administration:			11	
Diagnosis: LOL 9		TNM Stage:	Ga		20			
Protocol/Re				Cycle Day	of	A	llergies:	] NKDA
			_	Day				
/enous Acce	ss:	Peripheral 🔲	Central					
leight	We	eight ☐ Actu ☐ Ideal		Body Surface Area (m²)	Emetic	Level imai		
ft	în	kg ☐ Adju ☐ Dosi	sted	Area (III )		derate		
ab Orders:	☐ CI	3C/DIFF	BMP [] N	/lagnesium [	UA			
iold Parame							,	• • • • • • • • • • • • • • • • • • • •
NC less tha		WBC less than:	PLT less	than: Hg	b/Hct less th		SCr greater	
lon-chemoth					Lust	R	<u>Ph initials /</u>	Nurse initials
IV Fluid	de: NS @	NVO (20 mL/hr)						
			····	<del></del>				
						<del></del>	· <u>-</u>	
				·		-		
<del></del>	_			<u> </u>				
		<u> </u>						<u> </u>
			·				,	·
	•							
agents will be	roundeq	nfusion rate are po i down to nearest ze if within 10% of	vial size if withir	5% of calculate	ed dose. Biolo	idical adent	s will be rous	nded down to
			Dose		Dose			
Chemothe	erapy 	· Dose per Unit (m², kg, AUC)	Reduction* (mg/m², mg/kg, AUC)	Calculated Dose	Dispense (Rounding be complete by <u>RPh</u> )	to Route	Infusion Rate	RPh / Nurse initials
emicac	e	ang/19				エノ		
		1/ /						
	<u>.</u>							
dumber of the								
r using a doc In Name (Re	se reduc se\/≒.~	tion, please prov	ide rationale: LÀ Min Sienet	$\frac{1}{2}$	$\mathring{\Lambda} \wedge \mathring{}$	D-1-7**	اه راجم	20 913
		Andrica Carry	•	y 1	<del>- /\</del>			
					<del>()</del>			
Ph Name (Pr	·		HPN Signat	ure		Date/Ti	we	