



**ORANGE
REGIONAL
MEDICAL CENTER**

CHEMOTHERAPY ORDERS

11/5/57
Patient Label

[illegible]

***If using a dose reduction, please provide rationale:**

MD Name (Print) Dr. Siegel

MD Signature

Датум:

1/22/78

RN Name (Print) Ciera A

RN Signature

Date/Time:

13313

RPh Name (Print)

RPh Signature

Date/Time:


$$N = 20$$