

ORANGE REGIONAL MEDICAL CENTER
Physician Order Form

DO NOT USE ABBREVIATIONS

U MS SC QOD QD Hg
IU MSO. MgSO. SQ SL

Darling Emma
DOB: 6/22/1947
Dr. Stead

Patient Label

Date & Time

12-13-19

Dx 5D.9 - Low Def Anemia

Administer Venofer 100mg weekly
x 8 doses.

Obtain Pharmacokinetics 7-14 days after
last infusion.

"Medications will be dispensed in accordance with the hospital formulary system"

Prescriber Signature: Lesly A. Stead, MD

Print Name: Lesly A. Stead, MD

Nurse Signature: _____

Print Name: _____

Date/Time: 12/13/19 9:30am

☐ T.O. RBV

Fax to Pharmacy ☐

Time Faxed: _____

Date/Time: _____

Physician Orders /