



## **FAX TRANSMISSION**

Date	2	(e)	<u> 20</u>	Time:	From: D. Stewart
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Number of pages, including this coversheet:

Information Transmitted: 🗳

Appointment Date Needed: 2(10 01 2/11							
Name of Patient: May have Enright  DOB: 4/13/60							
DOB: 4/13/60							
MRN # :							
Diagnosis written on Order: <u>C83.30</u>							
Authorization Number: 158823312							

Thank you

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## CHEMOTHERAPY ORDERS

Patient Labe

WESTSAL RENTER ONDERS													
TO BE COMPLETED BY PHYSICIAN: Patient Name: Encient, Months DOB: 4/13/60													
Date Written: 2/0	120	•	Date of Administration:										
Diagnosis: DUB			TNM Stage:			ergies: 🔽	Augna						
Protocol / Regimen -			Cuala	_4		argies: 🔽	INKDA						
R-Ct	107		Cycle Day \	<b>" @</b> ()									
Venous Access: O Peripheral O Central													
Height Weig			ody Surface	Emetic Lev									
H ft c in S	· Dideal 7 kg DiAdjus		rea (m²)	Minima  Modera									
5 " 6 in 8	Dosing		1.95 B Modera										
Lab Orders: CB0	C/DIFF	BMP M	agnesium	UA	,								
Hold Parameters:													
ANC less than: W	VBC less than:	PLT less t	han: Hg	b/Hct less than:	: <b>S</b>	Cr greater i	than:						
Non-chemotherapy ord	RP	RPh initials / Nurse initials											
V Fluids: NS @													
Decogion 200													
Tyleral 650m			-										
Benedall 25	on IV	,			<u> </u>								
Percio 20													
Predrisa	Predrisone 100m D7-5												
	<del>~~</del>	/\$ \	<del></del>										
Solution, volume and inf	fusion rate are pe	r manufacturer/l	nospital guideli	nes unless other	wise spe	cifled. Chen	notherapeutic						
agents will be rounded o	lown to nearest v	rial size if within.	5% of calculate	ed dose. Biologic	al agents	will be rous	nded down to						
the nearest vial size	3 11 WILLING (1078 GI		, Flease admin	Dose Dose	apy n seo	pence liste	d below,						
Chemotherapy	Dose per Unit (m², kg, AUC)	Dose Reduction* (mg/m², mg/kg, AUC)	Calculated Dose	Dispensed (Rounding to be completed by RPh)	Route	Infusion Rate	RPh / Nurse înitials						
Rituximab	375mg/m²	J9312	730ms		エヘ	Öz	10075						
Cyclophosphanide	750ms/m2	J9070	1460mg		エヘ	,							
Doxorubacin	500mg/m2	J9000	9700		v上								
Vincristine	1. 4mg/~2	1 <del></del>	200		TV		$\forall$						
*If using a dose reducti	lon, please prov	ide rationale:		2-2		1	1						
MD Name (Print) Row	_ Date/Ti	ate/Time _2 600											
RN Name (Print)		ireDa			te/Time								
RPh Name (Print)	_ Date/Ti	ate/Time											

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

Fax to Pharmacy at extension 1124