

ORANGE REGIONAL MEDICAL CENTER PHARMACY		DO NOT USE ABBREVIATIONS		Patient Label	
U	MS	SC	DD	AD	SL
U	MSO	MSO	MSO	MSO	MSO
10/2/17					
16:00					
④ Evipren for 9 days					
1gm N days					
② 1000mg 1000mg CAC CAC					
Anousheh Ghazal, MD					
Infectious Diseases					
City of Orange Health Center					
Medications will be dispensed in accordance with the hospital formulary system					
Prescriber Signature		Print Name		Date/Time	
Nurse Signature		Print Name		Date/Time	
<input type="checkbox"/> T.O. RSV		Fax to Pharmacy		Time Faxed	

na

COVER MESSAGE

RE	UNKNOWN
DATE	2017-10-02 19:30:40 GMT
FROM	Anousheh Ghezal-Ayagh
FAXNUMBER	18453331157
COMPANY	
TO	ORMC Infusion

FAX COVER SHEET