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ORANGE REGIONAL MEDICAL GROUP
Creating a Healthier Community, Together

Hematology/Oncology

Dr. Angela Marcelino
Dr. Fauzia Paracha
Dr. Varun Modi

ORANGE REGIONAL MEDICAL GROUP
PHYSICAN ORDER FORM

DO NOT USE ABBREVATIONS
U MS SC QOD QD HG IU MSO MgSO SQ SL

NAME: Perez, Crystal
DOB: 6/22/81
MRN: 1048939

Date & Time	Diagnosis:
12/17/19	Kcl 20 meq 0.9% NS 500 ml IV bolus on 12/18, 12/19, [illegible] [illegible] MD

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

Prescriber Signature
Print Name
Date /Time.

Nurse signature
Print Name
Date /Time