## **Hospital Name**

General Information						
Cancer Name: cancer1	Regimen Name: regiman1	Day of Cycle Name: Cycle Test 2	<b>Date:</b> 2024/08/04			
Patient Name: test1	Patient Age:	<b>Patient Gender :</b> Male	Patient UHID No.: 121			
Patient IP No.: 121	Patient Height: 55	Patient Weight: 55	Patient BSA: 110			
Comments:	Consultant: consultant	Blood Report Comments: reports				

Premedication									
Drug Type   Name	Brand Name	Dose   Unit	Duration	Frequency	Start Time	End Time	Signature		
INJ.test	bbb	22 mm	2 days	1 - 1 - 1	10-07-2024	10-07-2024	Dr.Name		

Chenotherapy Administration									
Drug Type   Name	Brand Name	Dose   Unit	Duration	Dilution Volume	Administraion Details	Expired Date	Start Time	End Time	Signature
INJ.Drug	Brand 1	1 mg	2 hrs	13 ml	details	10-07- 2024	10-07- 2024	10-07- 2024	Dr.Name

Take Home Medications									
Drug Type   Name	Brand Name	Dose   Unit	Duration	Frequency	Administraion Details	Dispensed	Signature		
INJ.Drug 1	Brand 1	11 mg	1 day	1 - 1 - 1	details	Null	Dr.Name		