HARTFORD HOSPITAL
80 Seymour St. P.O. Box 5037
Hartford, CT 06102-5037

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Check box to initiate order

Hemo/Oncology Physician Order

ALLERGIC: ☐ NO ☐ YES _____

DATE/TIME MD SIGNATURE	PHYSICIAN'S ORDERS (excludes medication orders)	NOTED BY WHOM	DATE/TIME MD SIGNATURE	MEDICATION ORDERS (includes iv's blood components)	NOTED BY WHOM
	Diagnosis _____			❑ Transfuse _____ Units	
				pRBC's	
				Pre-med: Tylenol 650mg P.O. X1	
				Benadryl 25mg P.O. X1	
				❑ Transfuse 5 units platelets	
				Pre-med: Tylenol 650mg P.O. X1	
				Benadryl 25mg P.O. X1	
	Labs			❑ Other	
				❑ Lasix 20mg P.O/IV	
				❑ Procrit 40,000 units SC	
				❑ Neulasta 6mg SC	
				❑ Neupogen 480mg SC x _____ days	

HH Forms 546820 N03/10

PHYSICIAN'S ORDER FORM

6804