

 NEW ENGLAND  
Cancer Specialists

Infusion Center

Kennebunk • Portsmouth • Scarborough • Topsham

Phone: 207-303-3225 Fax: 207-692-2473

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Diagnosis Code: \_\_\_\_\_

Height: \_\_\_\_\_(cm) Actual Weight: \_\_\_\_\_(kg) Allergies: \_\_\_\_\_

### Therapeutic Phlebotomy

**Lab orders:** \_\_\_\_\_

**IV Fluids (ml):** \_\_\_\_\_

**Parameters:** \_\_\_\_\_

**Frequency:** \_\_\_\_\_

- \* **In the event of a hypersensitivity reaction, patients will be treated according to NECS protocols for the management of infusion-room drug reactions.**

Provider Name: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Pager: \_\_\_\_\_