

 NEW ENGLAND
Cancer Specialists

Infusion Center

Kennebunk • Portsmouth • Scarborough • Topsham

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

Vitamin B12 (cyanocobalamin) 1000mcg – J3420

Patient Name: _____ DOB: _____

Diagnosis: _____ Diagnosis Code: _____

Height: _____(cm) Actual Weight: _____(kg) Allergies: _____

Vitamin B12 (cyanocobalamin) IM

Dose (please select or indicate desired dose):

1000mcg

_____mcg

Frequency: _____

Orders valid through ____ / ____ / ____

- * 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: _____