



**STONY BROOK UNIVERSITY MEDICAL CENTER**  
Stony Brook, N.Y. 11794

**PHYSICIAN'S ORDER SHEET CONTINUATION**

UNIT

Date	Time	<p style="text-align: center;"><b>ORDERS: Must include physician's signature and ID#</b>  <b>STAT ORDERS MUST BE COMMUNICATED TO NURSE</b>  <b>DO NOT USE PROHIBITED ABBREVIATIONS</b>                      Never use: QD, qd, QOD, qod, ug, U, IU, Apothecary symbols, Apostrophe                      for time, BIW, TIW, decimal point without a leading zero, Trailing zero                      after whole number, MS04, MS, MgSO4, any other drug abbreviations.</p>	<p style="text-align: center;">Transcriber's Initials/ID#</p>
		<p><b>Intrathecal Rituximab</b>                      Dx:                      Allergies:                      Ht: ____ cm    Wt: ____ kg    BSA: ____ m<sup>2</sup></p> <p><b>Give Rituximab 25mg Intrathecal x1 on ____/____/____ QS</b>                      to 5mL with preservative free normal saline.</p> <p>Ref: Olmos-Jimenez, R. Farm Hosp. 2018; 41(1):105-129</p>	<p>1/1</p>

**USE BALL POINT PEN ONLY AND PRINT CLEARLY**