

Sample Patient Profile Report

Facility	Patient Name	Patient ID#	Drug	Doctor Name	Rx #	Fill Date	Dsp Qty	SIG
EASTERN CORR INST ANNEX (112)			PARICALCITOL (ZEMPLAR) 1MCG		15004166	1/12/2016	30	TAKE 1 CAPSULE BY MOUTH EVERY DAY >> NON-FORMULARY APPROVED << EXPIRES 4/13/2016
EASTERN CORR INST WEST (109)			ARANESP PFS 4X.5ML 100MCG/.5ML SYR		15247093	1/27/2016	2	INJECT 1 DOSE SUBCUTANEOUSLY WEEKLY X 2 WEEKS >> NON-FORM APPROVED << EXP 02/15/2016
EASTERN CORR INST WEST (109)			ARANESP PFS 4X.5ML 100MCG/.5ML SYR		15191949	1/19/2016	1	INJECT SUBCUTANEOUSLY EVERY OTHER WEEK FOR 6 WEEKS >> NON-FORM APPROVED << EXP 02/28/2016
EASTERN CORR INST WEST (109)			ARANESP PFS 4X.5ML 100MCG/.5ML SYR		15191949	1/18/2016	1	INJECT SUBCUTANEOUSLY EVERY OTHER WEEK FOR 6 WEEKS >> NON-FORM APPROVED << EXP 02/28/2016
EASTERN CORR INST WEST (109)			ARANESP PFS 4X.5ML 100MCG/.5ML SYR		15016751	1/4/2016	1	INJECT 100MCG AS DIRECTED EVERY OTHER WEEK >> NON-FORMULARY APPROVED << (1/28/16)
EASTERN CORR INST WEST (109)			ARANESP PFS 4X.5ML 100MCG/.5ML SYR		15246862	1/27/2016	0	ONE DOSE SUBCUT ONCE WEEKLY X 2 WEEKS >>NEED NON-FORM APPROVAL<<
HAGERSTOWN MCIH INF (102)			PROCRIT 2ML 10,000U/ML VIAL		15235966	1/26/2016	16	1ML SUBCUTANEOUSLY EVERY MON AND THURSDAY FOLLOWING WITH H/H IN FOUR WEEKS DX ANEMIA