

Date: \_\_\_\_\_

Dear Dr. \_\_\_\_\_

Your patient, \_\_\_\_\_, received \_\_\_\_\_  
in our Infusion Center on \_\_\_\_\_

Comments about administration:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your patient's next infusion is scheduled for \_\_\_\_\_

Please notify us if you have questions or wish to change your patient's orders in any way.  
It is our privilege to assist in your patient's treatment.

\_\_\_\_\_  
Infusion Center Staff

For office use only.



**Centocor Ortho Biotech Inc.**

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