

**Provider Communication**

	Interval	Defer Until	Duration
<input type="checkbox"/> Please place procedure, imaging, and referral orders using your preference list. These orders must be placed outside of the therapy plan to be scheduled. Details	Once	S	1 treatment
<input type="checkbox"/> Provider communication The medication is marked as Patient Supplied. Please remove this checkmark if this is NOT supplied by the patient.	Once	S	1 treatment

**Labs**

	Interval	Defer Until	Duration
<input type="checkbox"/> CBC with platelet and differential STAT, Status: Future, Expires: S+366, Clinic Collect	Every visit	S	Until discontin'd
<input type="checkbox"/> Magnesium level STAT, Status: Future, Expires: S+366, Clinic Collect	Every visit	S	Until discontin'd
<input type="checkbox"/> CD34 enumeration STAT, Status: Future, Expires: S+366, Clinic Collect	Every visit	S	Until discontin'd

**Medications**

	Interval	Defer Until	Duration
<input type="checkbox"/> FILGRASTIM INJECTION ORDERABLE solution subcutaneous, once, Starting S, For 1 Doses ** DO NOT SUBSTITUTE ** Restricted to BMT use. Do NOT administer on same day as Chemotherapy.	Every visit	S	4 treatments