

(place patient label here)
Patient Name: _____



On Call to Endoscopy

Medications

- Secretin (CHIRHOSTIM) 0.2 to 0.4 mcg/kg ON CALL
- Botulinum Toxin Type A (BOTOX) _____ Units ON CALL

Provider's Signature _____ Date: _____ Time: _____

Initials: _____