



Change order details by crossing out unwanted information and writing in desired details/instructions. Place a line through the x to remove the pre-checked option.

LEUPROLIDE (LUPRON) PROSTATE Columbia Network Infusion Centers

Select Location: Southwest/Vancouver St John/Longview Start Date: _____

Diagnosis/Indication: _____

ICD-10 Code(s): _____ Authorization Number: _____

Patient Vitals: Height _____ Weight _____

Provider Communication Orders

To reduce delays in treatment and phone calls to your office, you may participate in the PeaceHealth formulary process by selecting this option. A clinic pharmacist will adjust orders according to PeaceHealth site approved policies and procedures.

- I agree to utilize the PeaceHealth policies & procedures that have been reviewed by the Pharmacy & Therapeutics Committee and authorized by the Medical Executive Committee of PeaceHealth. This agreement will be issued for the duration of active orders contained within this treatment plan.

Labs Interval

- PSA, Monitor Cancer Treatment Frequency _____

Supportive Care Interval

- LEUPROLIDE (MONTHLY) 7.5 MG IM SYKT Every 28 days Route: Intra-muscular
Dose _____ Frequency _____
- LEUPROLIDE (3 MONTH) 22.5 MG IM SYKT Every 84 days Route: Intra-muscular
Dose _____ Frequency _____
- LEUPROLIDE (4 MONTH) 30 MG IM SYKT Every 112 days Route: Intra-muscular
Dose _____ Frequency _____
- LEUPROLIDE ACETATE (6 MONTH) 45 MG IM SYKT Every 168 days Route: Intra-muscular
Dose _____ Frequency _____

Provider Signature _____ Date _____ Time _____

Provider's Printed Name: _____

Place Patient Label Here