



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.

OCTREOTIDE ACETATE (SANDOSTANTIN LAR) MONTHLY (CARCINOID SYNDROME) [11500783] 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

- Chromogranin-A Once
Prior to starting treatment.

Supportive Care

Interval

- octreotide,microspheres (SANDOSTATIN LAR DEPOT) Route: Intramuscular
Intramuscular syringe
Dose _____ Frequency _____ Every 28 Days _____

Provider Signature

Date

Time

Provider's Printed Name: _____

Place Patient Label Here

Page 1 of 1

EHR5037-DT (06/19/2024)

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