



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

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

Therapy Plan To Be Used In Infusion Center

Infusion Center Location: _____ Start Date: _____

Diagnosis/Indication: _____

Authorization Number: _____

Interval

Supportive Care

- octreotide,microspheres (SANDOSTATIN LAR DEPOT) Every 28 days Route: Intramuscular intramuscular syringe 20 mg

For Dose _____ Frequency _____

Interval

Labs

- Chromogranin-A Once

Prior to starting treatment

- Treatment Lab Instructions Every 28 days

Prior to starting treatment

Interval

Provider Communication Orders

- Physician Communication Once

Order one Chromogranin, CBC with Differential, CMP, and TSH lab in Order Entry prior to the patient beginning treatment.,

Provider Signature	EHR User ID	Date	Time
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Initials

Place Patient Label Here