



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.

LANREOTIDE (SOMATULINE DEPOT) SQ THERAPY PLAN (CARCINOID / GEP-NET)
[11500928]
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.

Supportive Care	Interval
<input checked="" type="checkbox"/> LANREOTIDE 120 MG/0.5 ML SUBQ SYRG <i>Deep subcutaneous injection into superior outer quadrant of buttock.</i> Dose _____ 120 mg Frequency _____ Every 28 Days	Route: Subcutaneous

Provider Signature

Date

Time

Provider's Printed Name:

Place Patient Label Here

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EHR5010-DT (05/24/2024)

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