



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) BREAST / GYNECOLOGY

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
<input type="radio"/> Estradiol	Frequency _____
<input type="radio"/> Luteinizing Hormone	Frequency _____
<input type="radio"/> Follicle Stimulating Hormone	Frequency _____
Supportive Care	Interval
<input type="radio"/> LEUPROLIDE 3.75 MG IM SYKT Dose _____	Frequency _____ Every 28 days Route: Intra-muscular
<input type="radio"/> LEUPROLIDE 11.25 MG IM SYKT Dose _____	Frequency _____ Every 84 days Route: Intra-muscular

Provider Signature

Date

Time

Provider's Printed Name:

Place Patient Label Here

Page 1 of 1

EHR5030-DT (06/19/2024)

LEUPROLIDE (LUPRON) BREAST / GYNECOLOGY