

LEUPROLIDE (LUPRON) PROSTATE
Columbia Network Infusion CentersSelect 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"/> PSA, Monitor Cancer Treatment	Frequency _____
Supportive Care	Interval
<input type="radio"/> LEUPROLIDE (MONTHLY) 7.5 MG IM SYKT Dose _____ Frequency _____	Every 28 days Route: Intra-muscular
<input type="radio"/> LEUPROLIDE (3 MONTH) 22.5 MG IM SYKT Dose _____ Frequency _____	Every 84 days Route: Intra-muscular
<input type="radio"/> LEUPROLIDE (4 MONTH) 30 MG IM SYKT Dose _____ Frequency _____	Every 112 days Route: Intra-muscular
<input type="radio"/> LEUPROLIDE ACETATE (6 MONTH) 45 MG IM SYKT Dose _____ Frequency _____	Every 168 days Route: Intra-muscular

Provider Signature

Date

Time

Provider's Printed Name:

Place Patient Label Here

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