



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
<input type="radio"/> Chromogranin-A <i>Prior to starting treatment.</i>	Once

Supportive Care	Interval
<input checked="" type="checkbox"/> octreotide,microspheres (SANDOSTATIN LAR DEPOT) Intramuscular syringe <i>Dose _____ Frequency _____ Every 28 Days</i>	Route: Intramuscular

Provider Signature

Date

Time

Provider's Printed Name:

Place Patient Label Here

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