

# McLeod Health

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## Octreotide (Sandostatin LAR) Treatment Plan

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Height (cm): \_\_\_\_\_ Weight (kg): \_\_\_\_\_ Allergies: \_\_\_\_\_

### Diagnosis (select one):

- E22.0 Acromegaly and pituitary gigantism       R19.7 Diarrhea, unspecified
- E34.0 Carcinoid syndrome       C7A.8 Other malignant neuroendocrine tumors
- C7A.00 Malignant carcinoid tumor of unspecified site
- Other: ICD 10 Code: \_\_\_\_\_ Diagnosis Description: \_\_\_\_\_

### Drug Orders:

- Octreotide (Sandostatin LAR) (J2353) via intramuscular injection
- Dose:       20 mg       30 mg       Other: \_\_\_\_\_
- Frequency:       Every 4 weeks       Other: \_\_\_\_\_
- Order Duration: Six months unless otherwise specified (Other: \_\_\_\_\_)
- Other: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Previous Therapies:**

- For new patient referrals, please send history and physical and most recent physician note with completed plan
- If patient has previously received octreotide at another facility, please provide last date received: \_\_\_\_\_
- If patient has previously received another somatostatin analog, please provide the name: \_\_\_\_\_  
and the last date received: \_\_\_\_\_

**Insurance/Authorization Information:**

Insurance Type: \_\_\_\_\_

Insurance Authorization Reference Number: \_\_\_\_\_

Date Obtained: \_\_\_\_\_ Authorization Valid Until: \_\_\_\_\_

Additional Notes: \_\_\_\_\_

Fax completed Treatment Plan with authorization information to McLeod Infusion Services at the number below or call with any questions.

Florence: 843-777-6001 (Fax)

843-777-4655 (Phone)