Sarah Bush Lincoln

**NOTE: PLEASE COMPLETE ELECTRONIC VERSION, PRINT AND FAX .... Handwritten forms will not be accepted.**

## PATIENT INFORMATION

| Name: | DOB: |
|---|---|
| Allergies: | Date of Referral: |

## REFERRAL STATUS

☐ New Referral ☐ Dose or Frequency Change ☐ Order Renewal

## INFUSION OFFICE PREFERENCES (Optional)

Preferred Location* ☐ Mattoon ☐ Effingham

*Please Note: Requests will be accommodated based on infusion center availability and are not guaranteed.

## Diagnosis and ICD 10 CODE

| | |
|---|---|
| ☐ _____ | ICD 10 Code: _____ |
| ☐ _____ | ICD 10 Code: _____ |
| ☐ _____ | ICD 10 Code: _____ |
| ☐ _____ | ICD 10 Code: _____ |

## REQUIRED DOCUMENTATION (referral will not be processed without the required documentation)

☐ This signed order form by the provider
☐ Patient demographics AND insurance information

*Patient may be required to submit a pregnancy test prior to treatment

☐ Clinical/Progress notes supporting primary diagnosis (must be within 1 year)
☐ Labs and Tests supporting primary diagnosis
☐ CBC ☐ CMP ☐ Thyroid function testing prior to starting therapy

## MEDICATION ORDERS

**Dosing Wt for Calculations** Ht: Wt (in kg): BMI:

| | DRUG / DOSE | ROUTE | DAYS TO BE GIVEN |
|---|---|---|---|
| Dosing | ☐ J2354 Octreotide Acetate (Sandostatin LAR Depot) 20 mg<br>☐ J2354 Octreotide Acetate (Sandostatin LAR Depot) 30 mg<br>☐ J2354 Octreotide Acetate (Sandostatin LAR Depot) 40 mg | IM* | Every 28 days (+/-2 days) |

*Give in the outer gluteal region with recommended needle size for administration of SANDOSTATIN LAR DEPOT is the 1 1/2" 19-gauge safety injection needle (supplied in the drug product kit). For patients with a greater skin to muscle depth, a size 2" 19-gauge needle (not supplied) may be used.

**Duration** ☐ X 6 months ☐ X 1 year ☐ _____ doses

## ADDITIONAL ORDERS / INFORMATION

## PRESCRIBER INFORMATION

| Prescriber name : | | |
|---|---|---|
| Office Phone: | Office Fax: | Office Email: |
| Prescriber Signature: | | Date: Time: |

**All information contained in this order form is strictly confidential and will become part of the patient's medical record.**

Contact us with questions at:
Fax Completed Form and all documentation to:

☐ MATTOON
1000 Health Center Dr. Suite 204
Mattoon, IL 61938
Ph. 217-258-4150
Fax 217-348-2579

☐ EFFINGHAM
901 Medical Park Dr. Suite 201
Effingham, IL 62401
Ph. 217-342-7500
Fax 217-342-7499



**INFUSION ORDERS - Sandostatin LAR Depot (Octreotide Acetate)**

Clinics Scan to: Physician Orders