Defaults for orders not otherwise specified below:

- **Interval:** Every 28 days

**Duration:**
- Until date: __________
- 1 year
- _____ # of Treatments

**Anticipated Infusion Date**

- ICD 10 Code with Description

**Height** (cm) **Weight** (kg) **Allergies**

**Provider Specialty**
- ☐ Allergy/Immunology
- ☐ Infectious Disease
- ☐ OB/GYN
- ☐ Rheumatology
- ☐ Cardiology
- ☐ Internal Med/Family Practice
- ☐ Other
- ☐ Urology
- ☐ Gastroenterology
- ☐ Nephrology
- ☐ Otolaryngology
- ☐ Urology
- ☐ Genetics
- ☐ Neurology
- ☐ Pulmonary
- ☐ Wound Care
- ☐ Cardiology
- ☐ Internal Med/Family Practice
- ☐ Other
- ☐ Surgery
- ☐ Gastroenterology
- ☐ Nephrology
- ☐ Otolaryngology
- ☐ Urology
- ☐ Genetics
- ☐ Neurology
- ☐ Pulmonary
- ☐ Wound Care

**Site of Service**
- ☐ SH Gerber
- ☐ SH Lemmen Holton (GR)
- ☐ SH Pennock
- ☐ SH United Memorial
- ☐ SH Helen DeVos (GR)
- ☐ SH Ludington
- ☐ SH Reed City
- ☐ SH Zeeland

**Appointment Requests**
- Infusion Appointment Request
  - Status: Future, Expected: S, Expires: S+365, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after, Injection and possible labs

**Provider Reminder**
- ONC PROVIDER REMINDER 10
  - Assess thyroid function at baseline and as warranted based on clinical symptoms.

**Labs**
- Thyroid Stimulating Hormone (TSH) Level
  - Interval: Once
  - Duration: 1 Treatment

- T4 (Thyroxine), Free, Blood Level
  - Interval: Once
  - Duration: 1 Treatment

- Comprehensive Metabolic Panel (CMP)
  - Interval: Every ___days
  - Duration: Once
  - Until date: _______
  - ______ # of Treatments

**Treatment Parameters**
- ONC MONITORING AND HOLD PARAMETERS 11
  - May proceed with treatment if blood glucose greater than 60 mg/dL
  - May proceed with treatment if blood glucose less than or equal to 180 mg/dL

- ONC MONITORING AND HOLD PARAMETERS 12
  - May proceed with treatment if serum bilirubin less than 1.5 mg/dL

**Medications**
☐ lanreotide acetate (SOMATULINE DEPOT) 120 MG/0.5ML injection 120 mg
120 mg, Subcutaneous, Once, Starting S, For 1 Doses
Administer by deep subcutaneous injection into superior outer quadrant of buttocks. Alternate injection sites between the right and left sides from one injection to the next. Remove sealed pouch from refrigerator 30 minutes prior to administration.

Telephone order/Verbal order documented and read-back completed. Practitioner’s initials ____________

NOTE: Unless Order is written DAW (dispense as written), medication may be supplied which is a generic equivalent by nonproprietary name.