LEUPROLIDE (LUPRON DEPOT) - ADULT, OUTPATIENT, INFUSION CENTER

Defaults for orders not otherwise specified below:
- Interval: Every 28 days
- Interval: Every 84 days x 2 treatments (endometriosis)
- Interval: Every 84 days
- Interval: Every 112 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
☐ Cardiology
☐ Gastroenterology
☐ Genetics

Site of Service
☐ SH Gerber
☐ SH Helen DeVos (GR)

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

Safety Parameters and Special Instructions
☑ ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 1
Administration: Intramuscular

Leuprolide acetate (LUPRON DEPOT) injection

Dose:
- 7.5 mg (usually every 1 month)
- 11.25 mg for endometriosis (every 3 months)
- 22.5 mg (usually every 3 months)
- 30 mg (usually every 4 months)

Intramuscular, Once, Starting S, For 1 Dose

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.

<table>
<thead>
<tr>
<th>TRANSCRIBED:</th>
<th>VALIDATED:</th>
<th>ORDERED:</th>
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<tbody>
<tr>
<td>TIME</td>
<td>DATE</td>
<td>TIME</td>
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EPIC VERSION DATE: 07/16/20

NOTE: Epic Treatment/Therapy Plan Orders. To be scanned/attached to the appropriate Infusion Referral Order in Epic.