Physician's Orders
TESTOSTERONE CYPIONATE
(DEPO-TESTOSTERONE) - ADULT, OUTPATIENT, INFUSION CENTER
Page 1 to 2

Defaults for orders not otherwise specified below:
☐ Interval: Every 14 days
☐ Interval: Every 28 days
☐ Interval: Every _____ 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
☐ Infectious Disease
☐ Internal Med/Family Practice
☐ Nephrology
☐ Neurology
☐ OB/GYN
☐ Other
☐ Otolaryngology
☐ Pulmonary
☐ Rheumatology
☐ Surgery
☐ Urology
☐ Wound Care

Site of Service
☐ SH Gerber
☐ SH Lemmen Holton (GR)
☐ SH Pennock
☐ SH Ludington
☐ SH Reed City
☐ SH United Memorial
☐ 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 Ordering Guidelines
☑ ONC PROVIDER REMINDER 10
TESTOSTERONE CYPIONATE:
Testosterone (total) should be monitored during therapy. Measure testosterone level midway between injections - not at the time of injection. These labs should be ordered separately. General recommendations: 3 to 6 months after initiation (formulation-dependent), at 12 months, then every 6 to 12 months.

Discontinue therapy if hematocrit exceeds 54%.

Assess for signs and symptoms of cardiovascular events.

Labs
<table>
<thead>
<tr>
<th>Test</th>
<th>Interval</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatic Function Panel (Liver Panel)</td>
<td>Once</td>
<td>1 Treatment</td>
</tr>
<tr>
<td>Hemoglobin + Hematocrit (H+H)</td>
<td>Once</td>
<td>1 Treatment</td>
</tr>
<tr>
<td>Lipid Panel</td>
<td>Once</td>
<td>1 Treatment</td>
</tr>
<tr>
<td>Hepatic Function Panel (Liver Panel)</td>
<td>☐ PRN, Every ___ days</td>
<td>PRN</td>
</tr>
<tr>
<td>Hemoglobin + Hematocrit (H+H)</td>
<td>☐ PRN, Every ___ days</td>
<td>PRN</td>
</tr>
</tbody>
</table>

CONTINUED ON PAGE 2 ➔

NOTE: Epic Treatment/Therapy Plan Orders. To be scanned/attached to the appropriate Infusion Referral Order in Epic.
Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.

TESTOSTERONE CYPIONATE (DEPO-TESTOSTERONE) - ADULT, OUTPATIENT, INFUSION CENTER (CONTINUED)

Labs (continued)

<table>
<thead>
<tr>
<th>Interval</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Lipid Panel</td>
<td>□ PRN, Every ___ days</td>
</tr>
</tbody>
</table>


☐ Labs: ____________________________
☐ Every ___ days
☐ Once
☐ Until date: _______
☐ 1 year
☐ _____# of Treatments

Medications

☒ testosterone cypionate (DEPO-TESTOSTERONE CYPIONATE) 200 MG/ML injection

**HAZARDOUS MEDICATION** Observe special handling, administration and disposal requirements.

Dose:
☐ 50 mg
☐ 100 mg
☐ 200 mg
☐ 400 mg

Intramuscular, Once, Starting S, For 1 Doses

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>
<th>Pager #</th>
</tr>
</thead>
<tbody>
<tr>
<td>TIME</td>
<td>DATE</td>
<td>TIME</td>
<td>DATE</td>
</tr>
<tr>
<td>Sign</td>
<td>R.N. Sign</td>
<td>Physician Print</td>
<td>Physician</td>
</tr>
</tbody>
</table>

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