HEMATOLOGY/ONCOLOGY ASSOCIATES
OF CENTRAL NEW YORK

East Syracuse * Onondaga Hill * Auburn
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Lanreotide (Somatuline) Order Form

Patient Name: _____ DOB: _____
Referring MD: _____ Referring MD Phone Number: _____

[ ] Lanreotide

Dose: _____

Frequency: _____

ICD10 Diagnosis Code(s): _____

Patient Height: _____ Patient Weight: _____

Patient Status: [ ] New to therapy [ ] Continuing therapy Last Treatment Date: _____ Next Due Date: _____

Outside Labs: (please have the following labs drawn prior to scheduled infusions at the following intervals)
[ ] CBC (prior to initiation of therapy)
[ ] CMP (prior to initiation of therapy and then within 90 days prior to each subsequent dose)

Nursing:
[ ] Provide nursing care per HOACNY Nursing Policy and Procedures, including reaction management and post-infusion observation

Premedication Orders:
[ ] Other _____ Dose: _____ Route: _____ Frequency: _____

- ***HOA of CNY WILL NOT DRAW LAB WORK REQUIRED FOR INFUSION ADMINISTRATION. The prescribing physician is responsible for obtaining & reviewing all laboratory results required to proceed with infusion therapy.***
- ***HOA of CNY administers infusion medications per the Non-Oncology Drug Policy Guidelines.***
- ***This drug administration order form is valid for 12 months. Renewal of this order form may be requested to proceed***
- ***HOA of CNY can substitute with a generic drug formulation if required for insurance authorization.***
- ***The prescribing physician is responsible for educating the patient of potential risks & complications associated with drug administration as well as drug specific monitoring parameters before proceeding with Non-Oncology Infusion Referral.***
- ***HOA of CNY is responsible for safe administration of infusion therapy & management of any potential complications while in the infusion center only. Any changes in condition or delayed adverse events are to be reported to the prescribing physician for further evaluation & advisement.***
- ***Patients receiving immunotherapy or infused monoclonal antibodies will require a yearly visit with an HOA provider for updating medical history and current healthcare needs supporting best practices.***

MD/NP/PA Signature _____ DATE _____