



Change order details by crossing out unwanted information and writing in desired details/instructions. Place a line through the x to remove the pre-checked option.

LEUPROLIDE (LUPRON) BREAST / GYNECOLOGY Columbia Network Infusion Centers

Select Location: Southwest/Vancouver St John/Longview Start Date: _____

Diagnosis/Indication: _____

ICD-10 Code(s): _____ Authorization Number: _____

Patient Vitals: Height _____ Weight _____

Provider Communication Orders

To reduce delays in treatment and phone calls to your office, you may participate in the PeaceHealth formulary process by selecting this option. A clinic pharmacist will adjust orders according to PeaceHealth site approved policies and procedures.

- I agree to utilize the PeaceHealth policies & procedures that have been reviewed by the Pharmacy & Therapeutics Committee and authorized by the Medical Executive Committee of PeaceHealth. This agreement will be issued for the duration of active orders contained within this treatment plan.

Labs Interval

- Estradiol Frequency _____
- Luteinizing Hormone Frequency _____
- Follicle Stimulating Hormone Frequency _____

Supportive Care Interval

- LEUPROLIDE 3.75 MG IM SYKT Every 28 days Route: Intra-muscular
Dose _____ Frequency _____
- LEUPROLIDE 11.25 MG IM SYKT Every 84 days Route: Intra-muscular
Dose _____ Frequency _____

Provider Signature _____ Date _____ Time _____

Provider's Printed Name: _____

Place Patient Label Here