

McLeod Health

Octreotide (Sandostatin LAR) Treatment Plan

Patient Name: _____ DOB: _____

Height (cm): _____ Weight (kg): _____ Allergies: _____

Patient Primary Phone Number: _____

Diagnosis (select one):

- E22.0 Acromegaly and pituitary gigantism
- R19.7 Diarrhea, unspecified
- E34.0 Carcinoid syndrome
- C7A.8 Other malignant neuroendocrine tumors
- C7A.00 Malignant carcinoid tumor of unspecified site
- Other: ICD 10 Code: _____ Diagnosis Description: _____

Drug Orders:

- Octreotide (Sandostatin LAR) (J2353) via intramuscular injection
- Dose: 20 mg 30 mg Other: _____
- Frequency: Every 4 weeks Other: _____
- Order Duration: Six months unless otherwise specified (Other: _____)
- Other: _____

Physician Signature: _____ Date: _____

Physician Name: _____ Phone: _____

Previous Therapies:

- For new patient referrals, please send history and physical and most recent physician note with completed plan
- If patient has previously received octreotide at another facility, please provide last date received: _____
- If patient has previously received another somatostatin analog, please provide the name: _____
and the last date received: _____

Insurance Information:

Insurance Plan Name: _____

Insurance Identification Number: _____

Insurance Customer Service Contact Number: _____

Preferred Treatment Location

- McLeod Regional Medical Center (Florence) McLeod Health Loris McLeod Health Cheraw
 McLeod Health Seacoast (Little River) McLeod Health Dillon McLeod Health Clarendon (Manning)

Fax completed Treatment Plan to the McLeod Medication Access Team at 843-777-9798. For any questions, please contact our team at medicationaccessteam@mcleodhealth.org.