

Sandostatin LAR Depot (octreotide acetate)

Provider Order Form rev. 5/20/2022



www.aleracare.com
ph: 888-209-8874 fax: 833-329-4738

PATIENT INFORMATION

Patient Name:		DOB:		
Patient Phone:		Patient Email:		
NKDA	Allergies:	Weight lbs/kg:	Height:	
Patient Status:	New to Therapy	Continuing Therapy	Therapy Change	Next Due Date (if applicable):

PROVIDER INFORMATION

Referral Coordinator Name:		Referral Coordinator Email:	
Ordering Provider:		Provider NPI:	
Referring Practice Name:		Phone:	Fax:
Practice Address:		City:	State: Zip Code:

DOCUMENTATION (REQUIRED)

Labs	Insurance Card (front and back)	Current Medications	History/Progress Notes
------	---------------------------------	---------------------	------------------------

ICD-10 CODE

E22.0 Acromegaly
R19.7 Diarrhea, unspecified
Other: _____

MEDICATION ORDER

Sandostatin LAR Depot (octreotide acetate)

Dose:
10mg IM
20mg IM
30mg IM
40mg IM
Other: _____

Frequency:
every 4 weeks
Other: _____

Duration
for 2 months
for 3 months
Other: _____

Order Expiration Date (mm/dd/yy): _____
(If not indicated order will expire one year from date signature)

Provider Name (Print)

Provider Signature

Date

Check here if this is a stat order