 <p>VANCOUVER CLINIC[®] ADULT AMBULATORY NON-CHEMO INFUSION REFERRAL and ORDER Attn: Infusion department Leuprolide Acetate (LUPRON DEPOT[®])</p>	NAME: DOB: INSURANCE: PROVIDER NAME: CLINIC NAME and Phone number:
--	---

Weight: _____ lb/kg Height: _____ inch/cm
Diagnostic Code ICD-10: _____ Diagnosis: _____

Initial Consult Annual Renewal
Treatment Start Date: _____

****These orders will expire after 365 days; new orders are needed after the expiration date****

This form serves as a referral to infusion services and for medication ordering.
Patients will be seen by our internal infusion clinician for purposes of providing care.

GUIDELINES FOR ORDERING:

- Send FACE SHEET and H&P or most recent chart note.
- Vancouver clinic infusion service will initiate Adverse Reaction Algorithm per our service protocol.
- Pre-medication(s) based on protocol (if needed)
- If labs are not accessible through Epic, please fax a copy of request lab as well (see below).
Otherwise, authorized Vancouver Clinic infusion clinician to order the lab.
- Patient must be able to ambulate independently (if patient needs assistance with restrooming, a personal caregiver or capable family member must accompany and remain with patient for the duration of the appointment).

LABS:

All necessary labs will be ordered and monitored by the original provider and not monitored as part of this protocol, including a pregnancy test for women of child-bearing age when appropriate.

A point of care pregnancy test will be done on the day of injection if pregnancy status is unknown.


MEDICATIONS:

Endometriosis: Total duration of therapy (initial plus re-treatment for symptom recurrence) should not exceed 12 months.

- Initial therapy and symptom recurrence (in combination with norethindrone acetate):
- Lupron Depot: IM: 3.75 mg every month for up to 6 months.
 - Lupron Depot-3 month: IM: 11.25 mg every 3 months for 1 to 2 doses (maximum 6 months).

Please fax the completed form and pertinent information to Fax: 360-604-1776

Vancouver Clinic Outpatient Infusion Service - 700 NE 87th Ave Suite 330, Vancouver, WA 98664
Phone: 360-541-3245

 <p>VANCOUVER CLINIC[®] ADULT AMBULATORY NON-CHEMO INFUSION REFERRAL and ORDER Attn: Infusion department Leuprolide Acetate (LUPRON DEPOT[®])</p>	NAME: DOB: INSURANCE: PROVIDER NAME: CLINIC NAME and Phone number:
--	---

Prostate cancer, advanced:

- Lupron Depot 7.5 mg (monthly): IM: 7.5 mg every month.
- Lupron Depot 22.5 mg (3 month): IM: 22.5 mg every 12 weeks.
- Lupron Depot 30 mg (4 month): IM: 30 mg every 16 weeks.
- Lupron Depot 45 mg (6 month): IM: 45 mg every 24 weeks.
- Eligard: SUBQ: 7.5 mg monthly or 22.5 mg every 3 months or 30 mg every 4 months or 45 mg every 6 months.

Uterine leiomyomata, fibroids:

- Lupron Depot: IM: 3.75 mg every month for up to 3 months (in combination with iron)
- Lupron Depot-3 month: IM: 11.25 mg as a single injection (in combination with iron).

Breast cancer, premenopausal ovarian suppression (off-label use):

- Lupron Depot: IM: 3.75 mg every 28 days for up to 24 months (Boccardo 1999).
- Lupron Depot-3 month: IM: 11.25 mg every 3 months for up to 24 months

Provider's signature: _____

Provider's printed name: _____ **Date:** _____

Please fax the completed form and pertinent information to Fax: 360-604-1776

Vancouver Clinic Outpatient Infusion Service - 700 NE 87th Ave Suite 330, Vancouver, WA 98664
Phone: 360-541-3245