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**Sandostatin Depot® (Octreotide) Order Form**  
Epic Referral: REF115214

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **ICD-10 Diagnosis:** \_\_\_\_\_

**Rx:**

Give Sandostatin LAR depot (octreotide) intramuscular injection

- Give intragluteally

**Dose:**

- Sandostatin 10 mg     Sandostatin 20 mg     Sandostatin 30 mg     Sandostatin 40 mg  
 Sandostatin \_\_\_\_\_mg (Only use if dose is not listed above)

**Frequency:**

- Every 4 weeks     Other \_\_\_\_\_

**Duration:**

- 2 months     3 months     6 months     1 year     Other \_\_\_\_\_

Other Orders/Comments: \_\_\_\_\_

Labs: \_\_\_\_\_

Lab Frequency: \_\_\_\_\_

**Prescriber Printed Name:** \_\_\_\_\_

**Prescriber Full Address:** \_\_\_\_\_

**Office Phone Number:** \_\_\_\_\_ **Office Fax Number:** \_\_\_\_\_

**Prescriber Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_