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**Somatuline Depot® (lanreotide) Order Form**  
Epic Referral: REF115215

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

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

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

**Rx:**

Give Somatuline Depot (lanreotide) deep subcutaneous injection

- Give into superior outer quadrant of buttock

**Dose:**

- Somatuline 60 mg     Somatuline 90 mg     Somatuline 120 mg     Somatuline 180 mg  
 Somatuline \_\_\_\_\_mg (Only use if dose is not listed above)

**Frequency:**

- Every 4 weeks     Every 6 weeks     Every 8 weeks     Other \_\_\_\_\_

**Duration:**

- 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:** \_\_\_\_\_