

Lanreotide (Somatuline) Order Form—J1930

Patient Name	Middle	Last	DOB
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Diagnosis	Diagnosis Code
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Height (cm)	Actual Weight (kg)	Allergies
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SOMATULINE:

120 mg Other: _____

Frequency: _____

In the event of a hypersensitivity reaction, patients will be treated according to NECS protocols for the management of infusion-room drug reactions.

Provider Name	Provider Signature		
Date	Phone	Fax	Pager